V. S. No. 1

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VRITE PLAINLY, WIT	tion should be carefully	VUSE OF DEATH in plai	ON is very important. S
-WRITE PLAINLY, WIT	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. S
B.—WRITE PLAINLY, WIT	mation should be carefully supplied. AGE should be stated EX	CAUSE OF DEATH in plai	TION is very important. See instructions on back of certificate.
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM	mation should be carefully	CAUSE OF DEATH in plain terms, so that it may be properly cla	TION is very important. S

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>***</b>
County Theoree 1	Registration Dist. No. 14
Village Dr City / Jeans, 3000	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital of institution, give its NAME, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alice I morgen alte	mier
(a) Residence: Np.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Female White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of Mca alternier	22. 1 HEREBY CERTIFY Thet ettended deceased from
6. DATE OF BIRTH (month, day, and year) Defit 7 1886	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
47 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Z 8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Advancage SAWYER, BDDKKEEPER, etc.	1. DO met Misses
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this contaction (month and this contaction (month and this contaction).	
Spantin this	
year) occupation	Other-Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	therene Herrouliage
	b
E - I who was	V
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
I TOTAL TOTA	23. If daath was due to axternel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
Phase 1 Ban 1 4	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHEST OF DESIGNATION (Address)	Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Carlo Harris Date 17 1934	Nature of injury
19. UNDERTAKER CHARLE Vom	24. Was diseasa or injury in any way related to occupation of deceased?
(Addrass) Brunswick Ma	If so, specify
20. FILED 19 19 24 Elysber West Registrar.	(Signed) (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
4100 2 1234			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M

state

of pluods OCCI

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

(Signed)

(Address) \_\_\_\_\_

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Example I			Example II			
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
		1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	AUG 6 122	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
		الـــــا				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

rte A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	(23)
of uld CC	county trederick	Registration Dist. No. 157
should of OCC	Village or City State Sana Corum	No. M. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
Every CIAN tement	2. FULL NAME (VOUCHT E. 13 au	lay 12 0 + 1
IYSI sta	(a) Residence: No. 2-64-4-3-amplified of shorter	Ward. Ballynore Md  If nonresident give city or town and State
RECC. PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 3 0 , 193 4
CT	5a. If married, widowed, or divorced HUSBANO of	
A	101) Sille M. Bailly	22. I HEREBY CERTIFY That I ettended deceased from
CXE.	6. DATE OF BIRTH (month, day, end year) Quaril 181893	Hast saw h dran alive on July 29 193 4: death is said
d E	7. AGE Years Months Oays If LESS than	to have occurred on the dete stated above, at 7.3 D.A.m.
IS A PE stated E properly certificate	4/ 3 /2   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
S I	2 Trade profession or particular	Oata of onset
H po	SAWYER, BOOKKEEPER, etc.	PA
VK—T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Julmonary Justralisis
Sh it is	0 10. Oate deceased last worked et 11. Total time (yeers)	
1 (2)	this occupation (month end 100, 1933 spent in this 440	Other Contribution Course of Importance
DIA So ucti	12. BIRTHPLACE (city or town) Maryland.  (State or country)	Other Contributory Causes of Importence:
y supplied ain terms, See instr	13. NAME ONMAT. Bailey	
suppli suppli in term See ins	13. NAME (D) Ma . Balley 14. BIRTHPLACE (city or town) Ma .	Name of operation Novel Date of
ly sol	(State of Country)	What test confirmed diagnosis? Lhort X ray Y Por Musture en eu'opsy? No
Y, WIT; carefully H in pla ortant.	15. MAIOEN NAME Gladine Stiffer  16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
Y, Hai Hri orta	[5] I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 0ete of Injury, 19
AINLY, Weld be careful DEATH in y important	(State or country)	Where did injury occur? (Specify city or town, county and State)
E PLAI should I OF DE	(Address) 2644 Hampeden ave. Bala My.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
She she E O E O is v	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place Q & 10. Mu. Oate mymours	Nature of Injury
-WRIT mation CAUSI TION	19. UNDERTAKER M. L. Creager	24. Was disease or Injury In any way releted to occupation of deceased?
B	(Address) Thurnout Md.	If so, specify A COALMA A A A A A A A A A A A A A A A A A A
z (T)	20. FILEO 130 14, 19	(Signed) (Signed) (M. D.
	Registrar.	(Address) Will Sanaumus Ynn
	aj more otanas are necaca, adarem Sidie Kegistrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING	IT, UNFADING INK—THIS IS A PERMANENT RECO
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ESERVED	INK-THIS
MARGIN RESERVED FOR BINDING	UNFADING
	LI

V. S. No.

state infor-OCCUPA-1. PLACE OF DEA item of plnods County Registration Dist. Village or City own Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement RD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3\_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) Hidow EXACTL classified. (Month) (Day) (Year) 5a. If married, widowad, or djygrcad HUSBAND of That I attended deceased from 6. DATE OF BIRTH (month, dey, end year) Set certificate. properly 7. AGE Months If LESS than Days stated 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or\_\_\_\_min. Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER COLUMN SAWYER, BOOKKEEPER, etc. OCCUPATION Jo back should it may 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... no 10. Date deceased last worked at this occupation (month and 11. Total time (yaars) AGE se that See instructions occupation 12. BIRTHPLACE (city or town (State or country) should be carefully supplied. plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? ----- Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: -WRITE PLAINLY, Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE TION is very OF. (Address) 18. BURIAL, CREMATION, OR Manner of injury CAUSE mation Nature of injury 24. Was disease or injury 19. UNDERTAKER (Address) if so, specify Registrar. (Address) ....

STATE OF MARYLAND—CERTIFICATE

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

Exact statement

of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

supplied.

mation should be carefully

B.-WRITE PLAINLY,

TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE	OF DEATH			77.5	
County	Frederick			Registration Dist. No. 130	
Village or	City Pleasanti	iew		No. St., War	
				If death occurred in a hospital or institution, give its NAME instead of street and number)	
The state of the state of				s,ds. How long In U.S. If of foreign birth?yrsmos,d	
2. FULL N	AME Flossie V	irginia B	arton		
(a) Reside	ence: No.			St., Ward.	
PERSO	NAL AND STATIS	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE				
female	colored		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 2nd., 4  (Month) (Day) (Yeer)	
5a. If married, wide HUSBAND of	owed, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1934 to July 2, 1934	
	T.	eh. 13. 11	917	liast sawh er DEADn July 2; 19 34 death is sa	
6. DATE OF BIRTH 7. AGE Y	H (month, day, and year)	Days	If LESS than	to parp occurred on the date stated above, et 1 10P m.	
7. AGE	17 4	1	1 day,hrs.		
1		-	ormin.		
8. I rade, pro	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Domesti	e	Jain of the Continue	
9 Industry of	r business in which			Juffer Joyge Cherry	
work v	vas done, es SILK MILL, IILL, BANK, atc			7/2/3	
10. Date dece	esed lest worked et 7/2 cupation (month and	/34 11. Total	time (yeers) 4 ent in this	and sugarra	
12, BIRTHPLACE (	(city or town) Marylan	d		Other Coutributory Causes of Importance:	
(State or co	ountry)				
13. NAME	C. Edward Bar				
14. BIRTHPLA	CE (city or town) Mary	land		Name of oparetion Data of	
1 (31818	or country)			Whet tast confirmed diagnosis? Was there an au'opsy? A	
15. MAIDEN N				23. If death was due to external causes (VIOL ENCE) full in elso the following:	
15. MAIDEN N	CE (city or town)	yland		Accident, suicide, or homicide? Noncile Date of Injury 7/2, 1934	
∑ (State	or country)			Where did injury occur? Plasantileul, mel	
17. INFORMANT C. Edward Barton. (Address) NEWNXXMA. Tuscarora, Md.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMA	ation, or removal int of Rocks,			Manner of Injury	
	M. R. Etchisc			11 -0	
19. UNDERTAKER .	Frederick. Md			24. Wes disease or injury in eny wey related to occupetion of deceased?	
0			7 1 -	If so, specify A E Malies Release	
20, FILED.	1974 1	chy de 1	Recipror	(Signed) Perchanged M.	

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH (7109)
1. PLACE OF DEATH	827
County Oredench	Registration Dist. No. 141
Village or City Burkellovelle	NDSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Mary Beatt	J. J
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If merried, widowed, or divorced	21. DATE OF DEATH 18 193 (Month) (Day) (Yeer)
HUSBAND of My alfred Beatly	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) May 17 1851	I last saw h alive on 12 /2 , 1934; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 10m.
83 2 / f dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER Asserber SAWYER, BDOKKEPER, etc.	Coubril Soften us
SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc  10. Dete decessed last worked et this occupation (month end spent in this securation (month end spent in this	1000
Spont in this	(Survolus or Shrowbus)
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Henry Fauble	
f4. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
1 (block of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Harriet Wagner  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
66. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANTIAS Bessie a Beatty	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Surfactisville mil	
18. BURIAL, CREMATION, DR REMOVAL  Place M. T. Clivet Ledler 2, 1, 193 f.	Manner of injury
19. UNDERTAKER 7.22+2 Bus (Address)	24. Was disease or injury in any very releted to occupation of deceased?
20. FILED July 21, 1934 Mrs. 4 8. Valle Co	(Signed) Ryy M. D. M. D. (Address) Y. Yeur Sun Y.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II

Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Manner of Injury

If so, specify

If more blanks are needed, address Starf Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

-WRITE

CAUSE TION 18. BURIAL, CREMATION

**19. UNDERTAKER** (Address)

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		Run over by street ear	1 week ago	
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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Sr. Manus

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	N. B.—WRITE PLAINLY	mation should be ca	THE CATTOR OF THE APER
V. S. No. 1	B.—W	ma	40 0
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	MARTERIO	CERTIFICATE C	DEATH	00111
1. PLACE OF DEATH  County Frederick		(31)	Registration Dist. No.	39
Village or City Sabillasv	ille	No.	wegistration Dist. MD	Ch Mand
	1 1 0 (1	f death occurred in a hospital or institution		
Length of residence in city or town where de	eeth occurred 34_yrs,7mos	sds. How long In U.S. If of fo	oreign birth?yrs	ds.
2. FULL NAME Charles	William Bentzel			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or to	10
PERSONAL AND STATISTIC		MEDICAL CEI	RTIFICATE OF DEA	
3. SEX 4. COLOR OF RACE	S. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH		
5a. If married, widowed, or divorced	OR DIVORCED (write the word)	-	July 23rd.1 (Month) (Day)	934, 193 (Year)
HUSBAND of (or) WIFE of			CERTIFY, That I a	
9	1 1/ 10.1	Feb. 6, 1934		
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated a		19.2.4.; death is seld
17 9 (	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH		ce
8: Trade, profession, or particular	ormin.	were as follows:		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	anten	Chronic neph	citis	Jan.84
work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased lest worked et this occupation (month and year)	11. Total time (years) 8 spent in this occupation	Dthar Contributory Causes of Importa	ince:	
12. BfRTHPLACE (city or town) (State or country)	ma	Myocarditis		Buren
13. NAME	intaill			
14. BIRTHPLACE (city or town) (Stata or country)	estope ou	Name of oparetion	lbumin and D	ate of
15. MAIDEN NAME Change	K. naylor	23. If death was due to external ceuse		
16. BIRTHPLACE (city or town) (State or country)	llastly	Accident, suicida, or homicide?	Date of Injury	, 19
17. INFORMANT TO THE CANADA (Address)	entrell my	Specify whether injury occurred in l	(Specify city or town, county NDUSTRY, In HOME, or in PUL	and State) BLIC PLACE,
18. BURIAL, CREMATICA, OR REMOVAL	Date Fully 25, 193	Manner of injury	•	
19. UNDERTAKEN SILAS (Address)	u Han	24. Was disease or Injury in any way	related to occupation of dacas	seNo.
0 0 11 36 111	1. 44	(Signad)	0 1/1	- 40

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STAT	TE OF MARYLAND-	-CERTIFICATE OF DEATH 07112
County Freder	cla Ca	Registration Dist. No. 189
Village or City Stal		12-Annale Porter Vila
The same of the same of the same		If death occurred in a horpital or institution, give its MAME instead of street and number)
Length of residence in city or to	wn whera death occurredyrs,4m	os. 3 ds. How long in U.S. if of foreign birth? yrs. mos.
(a) Residence: No. //		sith Harderstown Maryland It is nonresident give city or toys and State
PERSONAL AND ST	ATISTICAL PARTICULARS, M	
3. SEX 4. COLOR OR I	RACE S. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word) AWARD A	21. DATE OF DEATH  (Monty)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of		
(or) WIFE of	cuown	22. I HEREBY CERTIFY. Thet I attended deceased fr March 4 1934, to July 7 193
6. DATE OF BIRTH (month, day, end ye	Sent 14 1896	Hast saw her elive on July 6 1934; death is s
	nonths Days If LESS than	to have occurred on the data steted above, at 2.30 A.m.
3.7	9 23 1 dey,hrs	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, or particular	NNER. 4/-	Julmonary Tuberculous Mov 1
kind of work dona, as SPII SAWYER, BODKKEEPER, etc.  9 Industry or business in which	Nousewife	E fatal pemoptysis 7/7/3
9/Industry or business in which work was dona, es SILK MI SAW MILL, BANK, etc	LL,	
10. Date deceased last worked et this occupation (month and year)	9-3-/ 11. Total time (years) spent in this occupation/_ 7.	2
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:
(State or country)	Maryland	
13. NAME & MO	Cushwa	
14. BIRTHPLACE (city or town) (Stata or country)	Maryland	Name of operation Date of Whet test confirmed diagnosis? X - Ray Poartive Spiritum Was there an eu'opsy? May
15. MAIDEN NAME	rah Colliers	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
17. INFORMANT ALC CLAS  (Addrass)	ed on admission	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	oron Data unknowy	Mennar of Injury
19. UNDERTAKER CMA (Address) Hace	Suter + Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 7/7/34 19	Alex	(Signed) Paul Cohen M.  (Address) Hate Sanaforium

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W. QEAU			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Frederick Village or City Frederick No. 474 W. South St. St.,
(If death occurred in a horpital or institution, give its NAME instead of street and number) 50 Length of residence in city or town where death occurred \_\_\_\_\_\_yrs.\_\_\_\_\_\_ds. How long in U.S. if of foreign birth? \_\_\_\_\_yrs.\_\_\_\_\_\_ds. 2. FULL NAME Frances Alberta Bruchey (a) Residence: No. 474 W. South St. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) White Female Widow (Day) (Yeer) 5a. If married, wdowed, or divorced Y. That, I attended deceased from (or) WIFE of Charles Henry Bruchey 6. DATE OF BIRTH (month, day, and yeer) February 26, 1874 certificate 7. AGE Months Days If LESS than to have occurred on the date stated above 1 dey, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 60 or \_\_\_\_ min. Delle of enset 8. Trede, profession, or particular kind of work done, as SPINNER. OCCUPATION Mousewife SAWYER, BOOKKEEPER, etc.\_\_\_ back 9, Industry or business in which work was done, as SILK MILL, At Nome SAW MILL, BANK, etc .... 10. Date deceesed last worked el 11. Total time (yeers) spant in this this occupation (month and year) 1933 occupation \_\_\_\_ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) ..... (State or country) FATHER 13. NAME John Ainsworth See 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? ..... Was there an au'opsy? \_\_\_\_ MOTHER Sarah Lambert 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) \_\_\_\_\_ Md. (State or country) Where did Injury occur?\_\_\_. (Specify city or town, county and State) Charles E. Bruchev Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very Frederick. (Address) 18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Menner of injury Plece Frederick Md. Dete July 20 19 34 Nature of injury M. R. Etchison & Son 24. Was disease or Injury In any 19. UNDERTAKER (Address) Frederick. If so, specify (Signed) Registras (Address) If morf blanks are needed, address Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
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item of infor- should state of OCCUPA-	1. PLACE OF	Frederic	alc .		makelin i
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sh of	The state of the s	ityFre			
NS at	Length of resi	dence in city or t	lown where de	ath occurred6	yrs,
IS A PERMANENT RECORD. Every stated EXACTLY. PHYSICIANS properly classified. Exact statement ertificate.	2. FULL NAI			Adelaid Third S (Usual place	St.
RECO PH Exact	PERSON	AL AND S	TATISTIC	CAL PARTI	CULARS
NT RE LY.	3. SEX Female	4. COLOR OR	RACE	5. SINGLE, MAR OR DIVORCE Widov	D (write the wo
BINDING PERMANEN EXACTI y classified.	5a. If maried, widow HUSDAND of (or) WIFE of	ed, or diverged	her C.		
ERW EX EX cls	6. DATE OF BIRTH	month, day, and	vear) F	hmiarv	6. 1859
IS A PE stated E properly certificate.	7. AGE Yea		Months	Days	If LESS t
FOR IS A F stated properly	75		5	14	ormin
ARGIN RESERVED R FNFADING INK—THIS I pplied. AGE should be s terms, so that it may be p instructions on back of ce	SAWYER,	ssion, or particul vork done, as SP BODKKEEPER, o business in whic done, as SILK ( L, BANK, etc	INNER, etc	Lousewif At Ho	
GE SHEAT IT HAT IT	10. Date decease this occur	ed last worked a pation (month an	932	Sp3	ime (years) nt in this upetion <b>5</b> (
So So Ctic	12. BIRTHPLACE (cit (State or cour		Md		
NF/ NF/ plie rms nstı	□ 13. NAME	Samuel	Diffend	lal	
MAKGI NFAI v supplied.	14. BIRTHPLACE			1.	
WITH efully in pla	15. MAIDEN NA	ME Marg	aret L		
INLY, WIT be carefully EATH in pla important.	15. MAIDEN NA 16. BIRTHPLACE (State or	(city or town)	Mc	l.	
WRITE PLAINLY, WITH NFAN ation should be carefully supplied AUSE OF DEATH in plain terms, HON is very important. See instru	17. INFORMANT (Address)	Mrs Mai			erick. M
E W m	18. BURIAL, CREMAT	ton, OR REMOV	Mt Mt	t. Frede	
N is	PlaceFr	ederick,	Md,	Dete July	. 23, 19
-WRITE mation s CAUSE TION is	19. UNDERTAKER	M. R. Et	chison	& Son.	

(Address)

20, FILED-21

Fredericka Md

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

mos	death occurred in a horpital or institution, give its NAME in the last the		ds.
ke			
	St., Ward.	ve city or town and State	
S	MEDICAL CERTIFICATE		
OWED.	21. DATE OF DEATH		
word)	July (Month)	20 , 193 . (Day) (Ye	
9 S than	i last raw he shall be alive on to have occurred on the date stated above, at 7. A.  The PRINCIPAL CAUSE OF DEATH and related causes	My. 20, 19. 2. 4; death	24.
min.	were as follows:	of importance	onset
	Mys card al San	Micing!	97
50	Other Contributory Causes of Importance;	1.	7
	Grens sclere	Date of	
	What test confirmed diagnosis?		ar.
Md.	23. If death was due to external causes (VIOLENCE) fill i Accident, suicide, or homicide?	te of injury, 19	
	Manner of injury		
1934	Neture of injury		

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RUDFALL V. S.	10 A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(178)
county trederal	Registration Dist/No. / 3/
Village or City / rederrel	No. Mullium Class Hospital or institution, give it NAME instead of street and number)
1 7 (4)	ds. How long in U.S. If of foreign birth? yrsmosds.
2. FULL NAME Harry & tarty	
(a) Residence: No. 22 8. Alend Freder (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (surjet the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, who wed, or disorbed HUSBAND of (or) Artes (ary 6, arty.	22. I HEREBY CERTIFY, That I attended deceased from  holy 164, 1934, to holy 14, 1934
6. DATE OF BIRTH (month, day, and yellow, 21 / 8	Plest sew h & Si elive on Mly 13 1, 19 79; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date steted above, at 1 m.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were according.
A Trede profession or particular	Date of onset
9. Industry or business in which work was done, as Silk MILL,	July of
kind of work done, es SPINNER, uncluded SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed last worked at this occupation (moght and year)  11. Total time (years)  5. Spant in 1975  5. Spant in 1975  6. Sp	
Farleick of	Other Contributory Causes of Importance:
(Stets or country) ary law	in operation for tonsillectory, our sa?
14. BIRTHPLACE (city or town)	
(Stete or complety) The Land	Name of operation dasaellectorny Determy 14, 1934.  Whet test confirmed diagnosis? West here an eutopsy? 216
15. MAIDEN MADE anna Fox	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN MADE anna Fox 16. BIRTHPLACE (city or town) Freduis (C)  (Stete or couplry) Many Many	Accident, suicide, or homicide? -No Dete of injury, 19
17. INFORMANT Collings of De Frederick Mid.	Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Place J. Calliver Can. Dete July 17, 1934	Menner of injury
19. UNDERTAKER Custon Sans (Address) Ellicus Cili	24. Wes disease or Injury in any way releted to occupation of deceased?
20. FILED ) 6 - July, 1934 and I meeuly Registrar.	(Signed) Find 3 m. D.  (Address) Lud Xud
If more blanks are needed, address Stage Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
MARTINE ART V S .			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	UKTHEK	STATEMENTS	BX	PHISICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07116
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
county Frederick	Registration Dist. No. 139
Village or City State Sanatorum M	
2 2 (1)	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME VY COMMERCULOSIS SAN	ATOMIN 12 O Tracis o bad
(a) Residence: No. 2 436 From the area (a)	Ward. Y all finonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH MALL 25 4
female while I sworced	(Month) (Day) (Year)
5a.'If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased from
0 71600	may 14 ,1931,10 July 25,1924
6. DATE OF BIRTH (month, day, and year) July 27,1899	I last saw h Strailive on July 25 , 1934; death is seid
7. AGE Years Months Gays If LESS than 1 dey,hrs.	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
Strade, profession, or particular	were es follows:
kind of work done, es SPINNER, Laundles	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Rulmonary Juberculosis
3 10. Date deceased last worked at 11. Total time (years)	J
this occupation (month and year) spent in this Syn	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	
13. NAME John C. Sheckells	
13. NAME JOHN C. She Wells  14. BIRTHPLACE (city or town) Mary and	Name of operation work Dato of
(State of Country)	What test confirmed diagnosis? Chen Xnay Y- O Was there an au'opsy? Wo
200 00 0	23. If death was due to external causes (VIOLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town) YV CWY LAW (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary a. Chaffman (on admi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 43 ( Forrest PR. avg. Balto .md.	1ston)
18. BURIAL, CREMATION, OR REMOVAL  Place 2 al to Md Date Million	Manner of injury
no. 4 F. 0. 0	Nature of Injury
19. UNDERTAKER Cd. Orlangla (Addiess) Thur model Mad	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
11/2/20 10/04	(Signed) Sluwy Shaffer M. D.
20. FILED	(Address) State Sanatorum. md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
The second secon	(1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	R STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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FOR BINDIN	IS A PERMAN	stated EXAC	properly classifi	certificate.
V.S. No. 1 MARGIN RESERVED FOR BINDIN	N. B.—WRITE PLAINLY, WITH NFADING INK—THIS IS A PERMANI	mation should be carefully supplied. AGE should be stated EXAC	CAUSE OF DEATH in plain terms, so that it may be properly classifi	TION is very important. See instructions on back of certificate.
>	14	-	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17117
1. PLACE OF DEATH	(No)
County Frederic WITHIN CORPORITE LIMIT	Registration Dist. No/2/:
Village or City Fraderiels	No. Frederick !: Intopidal of Word
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TO CHINE	
(a) Residence: No. Braddack, Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SHIGHE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH July 22 1934 (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) WIFF of	22.   HEREBY CERTIFM That I attended deceased from
(or) WIFE of	July 17 1934 to July 2 2 1934
6. DATE OF BIRTH (month, day, md year)	1 Jas saw have alive on July 2 /2, 19 3 4 ; death is seld
7. AGE Years Months Deys It LESS than	to have occurred on the date stated above, at/_2m. P
36 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as tollows:
8. Trede, profession, or particuler kind of work done, as SPINNER,	0 0 0 0
SAWYER, BUUKKEEPER, etc.	Vrybary Bran alexess, about
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	July 16 3 9
10. Date decessed last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Yellaw Springs	Other Contributory Causes of Importance:  Eccuppy we his May
II 13. NAME LAND ONLINE	(Admin 41X)
14. BIRTHPLACE (city or town) Middle laws	Name of operation Date of
(State or country) Mary 1 312	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Anna May Davillise	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME AND WILLIAM STATES OF THE ST	Accident, suicide, or homicide? Date of injury, 19
X (State or country) Maryland	Where did injury occur?
17. INFORMANT Jahrelline (Address) Frederick Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place My 25 , 19 34 Date Laly 25 , 19 34	Nature of Injury
19. UNDERTAKER CTK Gladlill (Addiess)	24. Was disease or injury In any way related to occupation of deceased? 200
20. FILE 24- Suly, 1934 Amcleudy	(Signed) (Schull Harf) M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7118
1. PLACE OF DEATH	93-E	
County Ferederick	Registration Dist. No. / 3	8
Village or Cityler, Mourovia	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	
2 FILL NAME Solials To Column	1.	310802008-431
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color or Colo	21. DATE OF DEATH uly 5th	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jsaac, Lo, Creum.	22. SKI GIT 1034 I THE STATE OF	Ceased from
6. DATE OF BIRTH (month, day, and year) Openal 20, 1842	Hast saw her alive on July (5th 1934	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5.30 Pm.	, 404(1110 0414
92 & 16 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER.		Date of onset
SAWYER, BOOKKEEPER, etc. hover wife	arterio pelerocez	1926
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	acute myo carditie	919/34
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Coutributory Causes of Inportance: Presumonia	1929
I 13. NAME Francis Crum		
13. NAME Francis Crus 14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of	
(State of country)	What test confirmed diagnosis? None Was there an a	u'opsy? Ha
15. MAIDEN NAME Callianing Haling 16. BIRTHPLACE (city or town) Maryland.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accident, suicide, or homicide? Data of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	.)
(Address) Mourovia Wid.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ice.
18. BURIAL, CREMATION, OR REMOVAL MOTIVELY Colorest Frederics 4-7-, 1934	Manner of injury	2
19. UNDERTAKER Wasfalconer,	24. Was diseasa or injury in any way related to occupation of deceased?	nu
(Address) new Market Ud.	If so, specify	
20. FILED 7- 7, 1934 Lucian & Falance Registrar.	(Signed) Linest Werkell	md
7/ 1/ 1/ 1/ 1/ 0		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

M	RD. Every item of YSICIANS should statement of OCC	2.	FULL	or Ci	ty\$9	riche or town where	Sa e death
	RECORD . PHYS Exact sta		PER	SON	AL ANE	STATIS	TICA
.,,	NT RELY.	3. S	EX Jalo		4. COLOR	OR RACE	5.
BINDING	PERMANEN EXACTI ly classified. ate.	5a.	f marriad, HUSBANE (or) WIFE	widowe of of	d, or divorc	ed	
BIL	E N C C C C C C C C C C C C C C C C C C	6. D	ATE OF BI	RTH (n	nonth, day,	and yeer)	Tu
~		7. A	GE	Year	s	Months	
OF	# 0 m			5	9	11	
MARGIN RESERVED FC	B.—WRITE PLAINLY, WITH NFADING INK—THIS IS mation should be carefully supplied. AGE should be star CAUSE OF DEATH in plain terms, so that it may be pro TION is very important. See instructions on back of cert	MOTHER FATHER	9. Industry 10. Date de this yee SA (State of 13. NAME 14. BIRTHE (State of 15. MAIDE 16. BIRTHE 16. BIRTHE 16. BIRTHE 16. BIRTHE 16. BIRTHE 16. BIRTHE 16.	d of wyer, y or b	usiness in videne, as SII, BANK, et al lest work ation (mont or town)—  for town)—  for town)—  for town town to town town town town town t	icular s SPINNER, ER, etcwhich k.K MILL, ed at h and h an	le am
V. S. No.	N. B.	20. F	(Addres	10	131919	verla	1
						16	. A L

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07119
1. PLACE OF DEATH	23
County Frederick	Registration Dist. No.
Village or City . State Sanatorium	Cryplench Co. Maryland St., Ward
Langth of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME William O. Do	iles
(a) Residence: No. 105 44 TUPE CALOSE CLASSE	10 Del aplancide Cumberland Ild, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Rungle	21. DATE OF DEATH  JO 193 4  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) July 11, 1874	I last sew h in alive on July 9 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.12 Pm.
5-9 11 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance were as follows:
S Trade profession or particular	Pulmonary Tuberculosis unknown
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (month and yeer)	
	Other Cantributory Canses of importance:
(State or country)	
13. NAME Lafagette Slarley	
13. NAME Lafayette Slavley  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
	What test confirmed diagnosis? X OCay Was there an au'opsy? \tag{\text{Was}}
15. MAIDEN NAME Sarah Strawbridge  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, sulcide, or homicide?
(State or country) / wegania	Where did injury occur?
17. INFORMANT deceased on admission (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cumberland Date unknow, 76	Menner of InjuryNature of Injury
19. UNDERTAKER Sewis Stein (Address) Camberland Md	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED. 7/1. 0/349 19 Registrar.	(Signed) Paul Cohen M.D.  (Address) State Sanatorium

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	0.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	TIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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1. PLACE OF DEATH	(210m) 120
County Trederick	Registration Dist. No. 2 0
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsm	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME GEOLIPE W. Davi	.S
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Sair Ple	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 LHEREBY CERTIFY. That I attended deceased from
(or) WIFE of	July 5th 019 10 July 94 1934
6. DATE OF BIRTH (month, day, and year)	Plast saw h Secrative on feel of 1, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, 12 75
b 25 or min,	mero se follower
8. Trade, profession, or particular	acute alcoholisma Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and a probable
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	quite refal defying
10. Date deceased last worked at 11. Total time (years)	die to automptello
this occupation (month and spant in this occupation 4.5.	a a a design Al
M ' Market St. Committee of the state of the	Other Contributory Causes of importance:
(State or country)	
13. NAME LOUR Davis	
	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May Ton a cer	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oscidents Date of Injury 19
(State or country)	Where did injury occur? in Harpers Ferry, on maryland side
INFORMANT To Dayis	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Missele toky, Nd	8
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Automobile ossident.
Place	- Nature of Injury
9. UNDERTAKER CTK GIZLAUT	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
I M G WITH GO ING	(Signed) Mace So M. (
20. FILED LINE, T., 1917 D. TOU MUNICIPLE	

V. S. No. 1

N. B.—WRITE PLAINLY, WITH mation should be carefully

PHYSICIANS should state

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

Supplied. AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:			Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1851 N 1851	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	THE STATE OF	July 5,1927	Peritonitis	3 days ago	
<u> </u>	Pris.				
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.—WRITE PLAINLY, WIT

1. PLACE OF DEATH  County. A Manual County of town where death accoursed.  Village or City. A Manual County of the Ward (II death occurred in a horpical or institution, give its NAME instead of street and number)  Length of residence in city or town where death accoursed.  (2) Registration Dist. No	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07121
Village or City. Advanced to the control of the con		
Village or City. Advanced to the control of the con	County 7 reduch	Registration Dist. No. 14/
Length of residence in city or town where deeth occurred. yrs. nos. ds. How long in U. S. if of foreign birth? yrs. mes. ds. How long in U		No. St. Ward
2. FULL NAME  (a) Residence: No.  (Unaiplace of index)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  OR DIVORCED Course the word.  OR DIVORCED Course the word.  OR DIVORCED Course the word.  (Cay WIFE of Course Months Days If LESS than for min.  5. Treed, profession, or particular min.  6. DATE OF BIRTH (month, day, end year)  7. AGE  Vests  Months  Days If LESS than for min.  3. Freed, profession, or particular min.  6. DATE OF PIRTH (month, day, end year)  7. AGE  Vests  Months  Days If LESS than for min.  3. Freed, profession, or particular min.  4. Freed, profession, or particular min.  5. Freed, profession, or particular min.  5		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  (S. SINGLE MARKED, WIDOWED, OR DIVORCED (enrice the word)  (Date of officers)  (Carl)  (Ca	MAR' ALM	
Closed place of a bode		
3. SEX  4. COLOR OR RACE OR DIVORCED Connect the word)  So. It married, widowed, or divorced HUSSAND or di		
MALL  OR DIVORCED ("wire the word)		MEDICAL CERTIFICATE OF DEATH
5. II married, widowed, or divorced (or) wife of Sectionals M Michael  7. AGE Years Months Days If LESS than 1 dey, his. The PRINCIPAL CAUSE OF DEATH and related causes of importance were est offows:  8. Trede, profession, or particular services of the profession of the particular services of the profession of the particular services of the profession of the particular services of the particular		21. DATE OF DEATH
HUSBAND of Cord WIFE of Suttende M Mills Shand of Cord WIFE of Suttende M Months  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than I dey	The state of	(Month) (Day) (Yadr)
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 deyhrs. ormin.  8. Trede, profession, or particular SAWER, BOOKKEPER, etc	DUODAND	22. A HEREBY CERTIFY. Thet I attended deceased from
7. AGE  Years  Months  Days  II LESS than 1 dey, hrs. or min.  1 dey, hrs. or min.  8. Trede, profession, or particular stands of wind done, eas PINNER, P. or min.  8. SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWHILL, BANK, etc.  10. Date daceesed last worked at this occupation month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Land House, and the same	sunde in muchell	May , 1924, to July 10, 19 34
The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:    Trede, profession, or particular kind of work dome, es SPINNER, Reliance By Co. Conduction of work was done, as SINK MILL, SAW MILL, BANK, etc.   Shawler, BOOKKEPER, etc.   BY Co. Conduction of the co		i last saw harman alive on the said
8. Trede, profession, or particular Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 11 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 11 Conduct Send of work dome as SPINNER, Claimed B 11 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work dome as SPINNER, Claimed B 10 Conduct Send of work was dome as SPINNER, Claimed B 10 Conduct Send of work was dome as SPINNER, Claimed B 10 Conduct Send of work was dome as SPINNER, Claimed B 10 Conduct Send of w		(AC)
Sind of work done, as SPINNER, P. A. Conduction of Conduct	60 2 01min.	were as follows:
12. BIRTHPLACE (city or town)   Cistate or country)   13. NAME   14. BIRTHPLACE (city or town)   Cistate or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   Cistate or country)   16. BIRTHPLACE (city or town)   Cistate or country)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Cistate or country   Cistate or countr	kind of work done, as SPINNER, Reliand B To condu	12 a D & R - O + D
12. BIRTHPLACE (city or town)   Cistate or country)   13. NAME   14. BIRTHPLACE (city or town)   Cistate or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   Cistate or country)   16. BIRTHPLACE (city or town)   Cistate or country)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   Place   18. BURIAL, CREMATION, OR REMOVAL   Cistate or country   Cistate or countr	9. Industry or business in which	da le da les de Al Lung
12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   1	SAW MILL, BANK, etc.	(Precentation
Other Contributory Causes of importence:  Other Contributory Causes  Oth	- In Secopation (month and 1/2) / Spont in this	
13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL		Other Contributory Causes of importence:
Whet test confirmed diegnosis? Was there en au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Land Height  Date  Date  Date  Date  Date  Date  Date  CAddress)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  CADDRESS  CADDRESS  CADDRESS  Was there en au'opsy?  Accident, suicide, or homicide?  Dete of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. UNDERTAKER (Address)  CADDRESS		Checa Obtaine
Whet test confirmed diagnosis? Was there en au'opsy?  15. MAIDEN NAME (City or town) (Stete or country)  16. BIRTHPLACE (city or town) (Stete or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of Injury  19. UNDERTAKER (Address)  18. BURIAL CREMATION, OR REMOVAL Place The Country of the	I 13. NAME Levi Dulan	for the contract of the contra
Whet test confirmed diagnosis? Was there en au'opsy?  15. MAIDEN NAME (City or town) (Stete or country)  16. BIRTHPLACE (city or town) (Stete or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of Injury  19. UNDERTAKER (Address)  18. BURIAL CREMATION, OR REMOVAL Place The Country of the	14. BIRTHPLACE (city or town)	Name of operation. Data of
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Land Height Date Date 18, 193.  (Address)  19. UNDERTAKER  (Address)  24. Was disease of Injury In any way related to occupation of deceased?  (Address)  (Signed)	(State of Country)	
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Land Height Date Date 18, 193.  (Address)  19. UNDERTAKER  (Address)  24. Was disease of Injury In any way related to occupation of deceased?  (Address)  (Signed)	15. MAIDEN NAME Condella Bladman	23. If deeth was due to external causes (VIOLENCE) fill in also tha following:
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Land Height Date Date 18, 193.  (Address)  19. UNDERTAKER  (Address)  24. Was disease of Injury In any way related to occupation of deceased?  (Address)  (Signed)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Land Height Date July 13, 1937  19. UNDERTAKER Off First July 24. Was disease of injury In any way related to occupation of deceased?  (Address)  (Signed)	(State of Country)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL  Place land Height Date 13, 1937  19. UNDERTAKER Of Translater 14 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	In in which	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place land Height Date 13, 1927  19. UNDERTAKER Off F2272 9 24. Was disease of Injury In any way related to occupation of deceased?  (Address) 15 on specify (Signed) (Signed)		Manner of injury
(Address) Brunawa M. If so, specify (Signed) (Signed)	Placeland Height Date July 13, 1934	Nature of Injury
(Address) Brunsen A III III III III III III III III III	19. UNDERTAKER OF FRATZ 9 Son	24. Was disease of Injury In any way related to occupation of deceased?
The second of th	(Address) Donnama ma	If so, specify
20. FILED ALL A VILLE TIMES	20. FILED 12 12 1934 MM. H S. HULAND	(Signed) Allam delingstein, D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

F RECORD. Every item of infor-Y. PHYSICIANS should state Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

IS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
-THI	of pli	ay b	ck o
NK	shou	it m	on ba
OING	AGE	so that	ctions
NFAL	upplied.	terms,	instru
ITI/	ully su	plain	t. See
ILY, W	e caref	VTH' in	importan
PLAIN	onld be	F DE	ery in
RITE	ion sh	USE 0	N is N
-		-	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Arsderick	Registration Dist. No. 138
Village or City New Market	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Thomas D. Dord	ely
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 14 /4 , 193 (Yeld)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Dorsey	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 28 /868	I last saw have alive on ally 6 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date state above, at 5 P. m.
65 8 /6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Frade profession or particular	Chronic endo Carditie 1929
kind of work done, as SPINNER, Farm Laborer:  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and	
Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) may land, (State or country)	Other Contributory Causes of Importance:
13. NAME William Dorsey.	
14. BIRTHPLACE (city or town) Mary Land	Name of operation
(State of country)	What test confirmed diagnosis? None Was there en au'opsy? No
15. MAIDEN NAME Harriet Brightfull	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Harriet Brightfull 16. BIRTHPLACE (city or town) Maryland,  (State or country)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT anni Dooley Saughte (Address) new Mark et	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place New London Date July 16, 1934	Nature of injury.
19. UNOERTAKER W. E. Falconer, (Address) New Market Wd;	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7 - 16 , 1934 Lucias R. Folcores Registrar.	(Signed) a mark to Roads M. M. M. M. Market and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921*	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Alle D	f		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

1. PLACE OFFICIAL COUNTY INCIDENCES.  Country Incidence of Country Incidence Inci	STATE OF MARYLAND	CERTIFICATE OF DEATH 0712;
Village or City, New Market  Length of residence in city or town where death occurred.  Length of residence is city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (best place of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX Mark  4. COLON'S R. RACE  OR DIVINGED Genetic Broad of North Colonia Broad Office Broa		(82-0)
Length of residence in city or town where death occurred yes most de length of residence in city or town where death occurred yes most de length of residence in city or town where death occurred yes most de length of the length of the length occurred of the length occurred of the length occurred occ	County Firederick	Registration Dist. No. 138
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (b) Cural place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (a) Explore RACE  (b) S. NORLE MARKED WIDOWED.  3. SEX  (c) Copy for RACE  (c) S. NORLE MARKED WIDOWED.  (d) DATE OF BERTH (month), day, and year)  (e) DATE OF BIRTH (month), day, and year)  (f) DATE OF BIRTH (month), day, and year)  (g) Copy for some service of the service of the service of some service of the service		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A COLOR of RACE  OR DIVORCED (with the ports)  Sa. If married, widowed, or divorced  OR DIVORCED (with the ports)  Sa. If married, widowed, or divorced  OR DIVORCED (with the ports)  Sa. If married, widowed, or divorced  OR DIVORCED (with the ports)  Sa. If married, widowed, or divorced  OR DIVORCED (with the ports)  Sa. If HERE BY CERT IF J. 1st I stlended, deceased from the ports of the date stifled above, at. 3 f. m.  The PIRICIPAL CAUSE OF DEATH and related causes of importance were as fillivery or business in which work and one as SIX MILL, SAW MILL, BARK, etc.  OLD Oble doceased last worked of spanishin by accomplishin grant or country  Is. BIRTHPLACE (city or town)  MANUELLA CAUSE OF DEATH and related causes of importance were as fillivery or business in which work was done as SIX MILL, SAW MILL, BARK, etc.  Other Coastribatory Causes of importance:  12. BIRTHPLACE (city or town)  MANUELLA CAUSE OF DEATH and related causes of importance were as fillivery or business in which work was done as SIX MILL, SAW MILL, BARK, etc.  13. NAME DATALLY DATAL		
Closed place of a bode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX   1. 0.100 PR RACE   S. SINGLE, MARRIED, WIDOWED, OR DAVORCED (regire the yord)  So. If married, wildowed, or diverced   190 August   190 Augus	2. FULL NAME Glorge W. Duk	<b>v</b> ll
PERSONAL AND STATISTICAL PARTICULARS  3. SEX		St., Ward.
3. SEX   4. COLON OR RACE   S. SINCLE, MARRIER, MIDOWED (Spire this yord)   Sa. If matried, widowed, or divorced (and white a continued)   Colon with a continued   Colon with a continued   Colon with a colon with		
OR DIVORCED Capital the sporal of Manner of Ma		
5. If married, widowed, or divorced HUSAND of Can built of of Can bui	OR DIVORCED (regite the word)	July 2 nd 193 4
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS then  1 day, hrs.  or min.  8. Trede, profession, or particular  Rend of work done, as SPINNER, Returned. Tarmely  Industry or business in which  SAW MILL, BANK, etc.  10. Industry or business in which  SAW MILL, BANK, etc.  10. Date Geoscaed last worked et  this occupation (month and  year)  12. BIRTHPLACE (city or town).  (State or country)  Maryland  13. NAME Distributory  Maryland  14. BIRTHPLACE (city or town).  (State or country)  15. MADEN NAME Susan Follows  (State or country)  17. INFORMANT MAS JAA: Dunall Jank.  (Address)  Name of operation.  Name of o	5a. If married, widowed, or divorced	
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7. AGE Years Months Days IILESS then 1 day, hrs. or min.  8. Trede, profession, or particular or min.  92. The PRINCEAL CAUSE OF DEATH and related ceuses of importance were estiplious.  92. The PRINCEAL CAUSE OF DEATH and related ceuses of importance or following in this profession or particular or specific or specif	S DITT OF DIDTY ( / - 2 A - 1 S-/-//	195, 10
The PRINCIPAL CAUSE OF DEATH and related couses of Importance were of Igliows.  8. Trede, profession, or particular kind of work done, as SPINNER, Potered Tarmel, SAWER, BDINKEREPR, etc.  9. Industry or business in which SAW MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation month and year occupation of country.  12. BIRTHPLACE (city or town).  (State or country)  13. NAME to brace of importance:  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME Sugar Follows.  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT Muss sugar for suga		// / 2 \
8. Trede, profession, or particular kind of work done, as SPINNER, Returned Farmel, SAWYER, BDDKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked et this occupation (gonth end occupation)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME of Marles V. Durall  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURNANT  19. UNDERTAKER  19. June 1  19. UNDERTAKER  19. June 1  19. UNDERTAKER  19. June 1  19. Was done, as SPINNER, Returned Farmel, Causas of Importance:  10. Causas of Importance:  11. Total time (years)  11. Total time (years)  12. BIRTHPLACE (city or town)  13. NAME of Marles V. Durall  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURNAL, CREMATION, OR REMOVAL  Place Toluthal Jacustagate  19. June 1  19. UNDERTAKER  19. June 1  20. FILED  20. FILED  21. June 1  21. Total time (years)  32. Spanin this 32. Spanin this 33. Spanin this 34. Spanin this 35. Spa		
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Sale or country   Was there an autopsy?   What test confirmed diagnosis?   Was there an autopsy?   Was there an autops	kind of work done, as SPINNER, Returned Farmer,	Contral Managele and 192
Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  Maryland  What test confirmed diagnosis?  Was there an au opsy? No  State or country)  15. MAIDEN NAME Lugary  16. BIRTHPLACE (city or town)  (State or country)  Maryland  27. What test confirmed diagnosis?  Was there an au opsy? No  What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an au opsy? No  State or country)  Where did injury occur?  (Specify city or town, country and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE,  (Address)  BURIAL, CREMATION, OR REMOVAL  Place Located to extract the mark of mark of injury  19. UNDERTAKER  (Address)  Was there an au opsy? No  What test confirmed diagnosis?  What t	Industry or business in which	June 102
Dither Contributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  Maryland  What test confirmed diagnosis?  Was there an au opsy? No  State or country)  15. MAIDEN NAME Lugary  16. BIRTHPLACE (city or town)  (State or country)  Maryland  27. What test confirmed diagnosis?  Was there an au opsy? No  What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an au opsy? No  State or country)  Where did injury occur?  (Specify city or town, country and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE,  (Address)  BURIAL, CREMATION, OR REMOVAL  Place Located to extract the mark of mark of injury  19. UNDERTAKER  (Address)  Was there an au opsy? No  What test confirmed diagnosis?  What t	SAW MILL, BANK, etc.	/ /7.60
12. BIRTHPLACE (city or town) (State or country)  13. NAME & harles T. Burall  14. BIRTHPLACE (city or town) Maryland (State or country)  15. MAIDEN NAME Suran Foliable  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Miss Jag. Burall. Sister (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Locutral Lacretage T. Burall  19. UNDERTAKER (Addiess)  19. UNDERTAKER (Addiess)  19. UNDERTAKER (Addiess)  10. FILED 7—3 1934 Survan F. Falsone.  (Signed)  10. Name of operation.  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE,  Name of operation.	cura occaliation (month ong.	
(State or country)  13. NAME to harles J. Dunall  14. BIRTHPLACE (city or town) Maryland (State or country)  15. MAIDEN NAME Susan following:  16. BIRTHPLACE (city or town) Maryland, (State or country)  17. INFORMANT Miss Jag: Dunall Sister (Address) San Mar. Ind.  18. BURIAL, CREMATION, OR REMOVAL Place to entral generation.  19. UNDERTAKER User and Content of Maryland. (Addiess) New Maryland.  19. UNDERTAKER User and Content of Maryland. (Addiess) New Maryland. (State or country)  19. UNDERTAKER (Specify city or town, county and State) (Addiess) New Maryland. (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Nature of Injury  24. Wes disease or injury in any way related to occupation of deceased?  16. Specify Marker of Injury  19. UNDERTAKER (Specify city or town, county and State) Nature of Injury  19. Where did injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  19. Was disease or injury in any way related to occupation of deceased?  16. Specify (Signed) Was diseased.  17. Falsone.  18. Specify (Signed) Was diseased.  19. West diseas	12 DIDTUDI ACE (city or town)	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an au'opsy? Was there an		
What test confirmed diagnosis? Was there an au'opsy? Was there an	13. NAME Co harles J. Quiall	.:
What test confirmed diagnosis? Was there an au'opsy? Was there an	I LA RIRTHPI ACE (city or town) Mary land	Name of pogration
15. MAIDEN NAME Susan Johnson:  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Miss Jaa: Dunall: Sister (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Columbation  19. UNDERTAKER (Address)  19. UNDERTAKER	(State or country)	10
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  San Mar. Ind.  18. BURIAL, CREMATION, OR REMOVAL  Place Countral tremstages. 7 - 4 , 1934  Nature of injury  19. UNDERTAKER  (Address)  New Market Mdi  16. Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  New Market Mdi  (Signed)  Country  Country  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  If so, specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred In INDUSTRY, in	15. MAIDEN NAME Susan Johnson,	
17. INFORMANT Miss Ida, Dunally Sister  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE,  (Address) San mar. Ind.  18. BURIAL, CREMATION, OR REMOVAL  Place Countral Countralistic 7 - 4, 1934  Nature of Injury  19. UNDERTAKER Washington of Mark o	16. BIRTHPLACE (city or town) / Maryland, (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT PLAS SULA. DILLACE.  (Address) San Mar. Mai  18. BURIAL, CREMATION, OR REMOVAL Place Locatral Locatration — 4 ,1934  19. UNDERTAKER U. East alcoper (Address)  New Mark of Mail (Signed) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Nature of Injury  19. UNDERTAKER U. East alcoper (Address)  19. UNDERTAKER (Address)  New Mark of Mail (Signed) County  (Signed) Mail  (Si	his ode to the	(Specify city or town, county and State)
Place Countral Countr	(Address) San Mar. Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER UEAS alcorer (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 7 - 3  19. 19. 34 Junior N. Falconer (Signed)  (Signed)  (Signed)		Manner of injury
(Address) New Market Md1 If so, specify Cruck P. Roop M. (Signed)	riace to entra y entragete 1 - 4 , 1954	Nature of Injury
20. FILED III DESCRICENT I TO THE STATE OF T	()	
	20. FILED - F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	M. Anna K. W. Anna

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of death and related causes as follows:	
	1 week ago
	1 week ago
	3 days ago
causes of importance:	
	1 year
	causes of importance:

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	BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.
	/RI	tio	US	NO
7 .	=	ma	CA	TI
No.	2			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07124
1. PLACE OF DEATH	
County Trederick	Registration Dist. No. 137
Village or CityCar Orehord	NoSt.,Ward
(III)	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
1 - 1 - 1	
Z. POLL MAINL	St. Ward.
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriod, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaasad from
E DATE OF DIRTH (month day and year) Teller 5- 34	last saw h
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oute of onset
8 Trade profession or particular	Cate of officer
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Olellbon
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data dacaased last worked at this occupation (month and yaar) yaar)  11. Total tima (yaars) spent in this occupation.	
12. BIRTHPLACE (city or town) Qui Quelon (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Clara V, Gesar  16. BIRTHPLACE (city or town). Qax Organization (State or country)	23. If death was due to extarnal causes (VIOLENCE) fill In also tha following:  Accident, sulcida, or homicide?
Control (Control)	Whera did injury occur?  (Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) The Window Yus	Specify matrix injury countries in modern plants and a second plants a second plants and a second plants a second plants and a second plants a sec
18. BURIAL, CREMATION, OR REMOVAL Place A Clever purches of July 1, 19 2mg	Manner of injury
19. UNDERTAKER C MI, Malty (Address)	24. Was diseasa or injury in eny way related to occupation of dacaesad?
20. FILED FILEY , 134 MDCm J Registrar.	(Signad) fax
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance:	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
county Frederics	Registration Dist. No. / 40
Village or City recent Meed Mederay	No. St., War
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds
2. FULL NAME Morris Meetlue	s Togle
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  S. SEX   4. COLOR OR RACE   5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
many W OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBANDOI (or) HESE DELLA TOP LE	1 HEREBY CERTIFY. That I attended daceased from
DATE OF BIRTH (month, day, and years Seft. 14.1865	Nast saw h canalive on 193 dasth is se
AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 430 m.
68 10 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Y Trade profession or particular	Date of one
kind ol work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last workad at	Rusemma 7 beladeles 193
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	<u></u>
10. Date decased last worked at this occupation months and 1939 II. Total time (years) spent in this occupation occupation	V
year) 1933 occupation	Other Contributer Consumed Installation
2. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Mary Keend	
13. NAME Colley Fogle  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) - Many Clark	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Scrube C. Den	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Language Tody	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL  Place Search Date July 23,19 34	Manner of Injury
9. UNDERTAKER Povell & Albanda. (Address) Woods for Jyd.	24. Was disease or Injury in any way related to occupation of daceased?
20. FILED July 1 2, 1954 Z. C. Registrar.	(Signed) Pelaguell Peller M. (Address) Delong 220
The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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of importance were as follows:			Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ATTE TO ASSESS	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	12		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

B.-WRITE PLAINLY, WIT

ż

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07126
1 DIACE OF DEATH	49
County Hiederick.	Registration Dist. No. / 3/
obulity.	13 Nost 7th (1
Village or City Frederick	death occurred in a hospital or institution, give its NAME instead of street and number)
A A	ds. How long In U.S. if of foreign birth?yrsmosds.
	idner.
(a) Residence: No. 13 Wust 7 & St. (Usual place of abode)	St., Ware.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Maried	21. DATE OF DEATH 7 /6 , 193 4 (Year)
5a. If married, widowed, or divered hossia of hospital Gardner.	22. OF HEREBY CERTIFY, They I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1-29-1898	I last saw h alive on, 19; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.13 alm.
36 6 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Des Prosenta & Date of onest
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Court
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and	Cerry 140
1D. Date deceased last worked at this occupation (month and year) 10 Total time (year) 16 year)	7.7.2.
44	Dther Centributery Causes of importance:
12. BIRTHPLACE (city or town) Mawland.	Motoblen on
II 13. NAME William Lee.	Buy Cays
E	Ostoldy grow the Contactor
(State or country) Manhand.	Neme of operation Date of Date
	What test confirmed disgnosis?
15. MAIDEN NAME Susah Ball 16. BIRTHPLACE (city or town) (State or country)  Maryland.	Accident, suicide, or homicide?
Para and Go do ea	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / CAMPULA Mayland.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Date 11939	Nature of injury
19. UNDERTAKER Comod Fryncial Home (Address) Frederick Maryland	24. Was disease or injury in eny way related to occupation of deceased?
	(Signed) HOMEN A TOWN

(Address) ....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Pcritonitis	3 doys ago
国意为	:		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor
1935			
<u> </u>			

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07127
1. PLACE OF DEATH	
County Frederell	Registration Dist. No. 144
Village or City Leurstours	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write Machine)	21. DATE OF DEATH July 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Port Source	2) I HEREBY CERTIFY, that lattended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE 744 Years Months Dave HIESS than	hast saw has alve on the left of 1934; death is said
7. AGE 74. Years Months Days If LESS than 1 day,hrs.	to have occurred on the date state above, at
8. Trada, profession, or particular kind of work done, as SPINNER,	Cerebral Jemonlope Data of one of
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Malegrant Hypertension
10. Dato daceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) - Lewis Jour Ind (State or country)	Other Contributary Causes of importance:
13. NAME helson D. Ramburg	Chroce Wefelites
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Clifa Naman	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)   17. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Grue Roy Coller (Address) Center Bridge Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Litoleren derrento Date relay 28, 1935	Manner of injury
19. UNDERTAKER la Chause & Sohn	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July 27 , 1934 anna M. Registrar.	(Signed). Thelliam Helsing (Roman).  (Address). Bellis week Roman
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	in the second	Example II		
The principal cause of death and related cau of importance were as follows:	1ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AUG	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage :	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

60	pay	4	0	0
U	6	1	2	7

1. PLACE OF DE	ATH			920		07	140
County Fred	erick		within t	ne Carpocate Manie	Registration Dist.	No. / 3/	
	Frederick			No. 723 Motter Av	0.	St	Ward
		Q	) (I	death occurred in a horpital or institution,	, give its NAME instead	ad of street and numb	er)
Length of residence in	city or town where dee	th occurred	yrsmos	ds. How long in U.S. if of for	reign birth?	yrsmos	ds.
2. FULL NAME			Geisbert			School 2	
(a) Residence: No.	723 Motte	r Ave		St., Ward.			
		(Usual place		B	If nonresident give ci		b
	ND STATISTIC			MEDICAL CER	TIFICATE OF	DEATH	
		OR DIVORCE	RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH			
	White	Widowe	r	July	Month)	Day)	(Year)
5a. If married, widewed, or di HUSBAND of				22. I HEREBY C	PERTIES I	nat Lattended dece	and from
(or) WIFE of	Wartha Rems	burg		()		ALC: Create for	19
6. DATE OF BIRTH (month, o	lay and year)		26, 1839	I last saw han alive on	11/4	1534 de	ath is said
7. AGE Years	Months	ptember Days	If LESS than	to have occurred on the date stated ab	ove at 5:15		
94	9	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH a		pportance /	
8. Trade, profession, or	particular		1 012	were as follows:	Muse	atite ?	te of onset
kind of work don SAWYER, BOOKK	e, as SPINNER, EEPER, etc.	Farmer		Mina	1 - The	mynte	1-3-5
kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK 10. Date deceased last w				ATT ON	1.1		<u> </u>
SAW MILL, BANK	(, etc	deneral		///////	www	1000	
tilla occupation (N	vorked at genth and	11. Total ti	me (years) It In this Ipation50		1		
year)	4V	- 0000	ipationSU	Other Contributory Causes of Importan	nce:		TO
12. BIRTIIPLACE (city or town	n)Md			Parling	MATK	3	
(State or country)				- Value C		1	ayes
13. NAME  14. BIRTHPLACE (city or	Samuel Gei	sbert					juc
14. BIRTHPLACE (city or				Name of operation		Date of	
(State of Country)				What test confirmed diagnosis?		Was there an au'op	sylvan
15. MAIDEN NAME  16. BIRTHPLACE (city or	Susan Shorb			23. If death was due to external causes	(VIOLENCE) fill in el	so the following:	
16. BIRTHPLACE (city or	town)			Accident, suicide, or homicide?	Date of	Injury	19
State or country	) M	d.		Where did injury occur?	/C - 1/2 - 1		
17. INFORMANT Frank	lin Geisber	t		Specify whether injury occurred in IN	(Specify city or town, DUSTRY, in HOME, or	in PUBLIC PLACE.	
(Address) Motte	er Ave, Fre	derick.	Md.		******		
18. BURIAL, CREMATION, OR				Manner of injury			
PlaceFiredel	ick, Md.	Date	71.6, 1934	Nature of injury			1-
19. UNDERTAKER M.	R. Etchison	& Son		24. Was disease or injury in any wey r	related to occupation o	f deceased	0
	derick, Md.	0 /		If so, specify	1	Aods	
20. FILED 16-Luly	1934 dra	. Y. mi	eeus!	(Signed)	17	Loch	M. D.
7	()	1	Registras.	(Address)	1.1.1		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

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Example I	l l	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage,	July 5,1927	Peritonitis	3 days ago	
HURRALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1000	STATE O	F MA
1	. PLACE OF DEATH	
	county Frederick	
	Village or City Bradd	o also
		Carrie and
	Length of residence in city or town where d	eath occurred.
2	2. FULL NAME - Jorges	ch
th leave	(a) Residence: No. West	(Usual p
H	PERSONAL AND STATISTI	CAL PAF
3.	SEX 4. COLOR OR RACE	5. SINGLE, N
Sa.	. If married, widowed, or diverced	
	HOSDAND OF (or) WIFE of	2
	m	1 0/
_	DATE OF BIRTH (month, day, end year) // // AGE Years Months	Days
**	4 4 11	1 4
	8. Trade, profession, or particular	-
TION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nan
PAT	9. Industry or business in which	1
OCCUPAT	work wes done, as SILK MILL, AL SAW MILL, BANK, etc.	/ /
Ö	10. Date deceased last worked at 7/25/	7 11. To
-	year)	24
12.	BIRTHPLACE (city or town) // Case	Mo
_	(State or country)	1
HER	13. NAME Callet	511
AT	14. BIRTHPLACE (city or town)/////////_	4-4-1-
1	(State or country)	an
HER	15. MAIDEN NAME Jaran	· the
MOTI	16. BIRTHPLACE (city or town)	law
17.	INFORMANT A. B. A.	San
10	(Address) Allestan	usti
18.	BURIAL, CREMATION, OR REMOVAL	Date Ac
	Place Mislansmaler	Date_fs.
19	UNDERTAKER AS GASTAGE	Ad v
	(Address) Westminst	w m

07129

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1/ 940
County Frederick	Registration Dist, No. / 3/
Village or City Braddock Heights	/ No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Toronch his love	· C ,
(a) Residence: No. Westhington, Mid	St. Ward Westmuster, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH
female white single	(Month) (Day) (Year)
a. If married, widowed, or diverced Hospand of	
(or) WIFE df	22, There By CERTIFY That I attended deceased from
M/	July 2/ ,19 14 , 10 July 2/ ,19 24
DATE OF BIRTH (month, day, end year)	Hast saw h alive on 19 3/; death is said
AGE Years Months Days ITLESS than I day,hrs.	to have occurred on the date stand above, at
1.5   4   1.5   or min.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A A
SAWYER, BOOKKEEPER, etc.	megha culture may
work wes done, as SILK MILL, At Monus SAW MILL, BANK, etc.	U 27.39
10. Date deceased last worked at 7/p = 11. Total time (years)	
this occupation (month and ///////////////////////////////////	
Marillon -	Other Contributory Canses of importance:
2. BIRTHPLACE (city or town) // (State or country)	asterio octerno:
13. NAME Palsont . Transuch 11	Con Cillater la 9 ma
The state of the s	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME SANAM, AS MAD SALLA	What test confirmed diagnosis?
The same of the sa	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
A 16 Day	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT SURFILLE	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Alledanistin, Mg 8, BURIAL CREMATION, OR REMOVAL	
Place Westmanster Date Auch 30 1934	Manner of injury
710 1/2	Nature of Injury
9. UNDERTAKER AS GUSSEGULA & SM	24. Was disease or injury in any way related to occupation of deceased?
(Address) Westmingla ned	If so, specify
o FILED 7- July 1984 ora & miculy	(Signed) M. D.
Registrar.	(Ardress) Tresume, The
If more blanks are needed, address State Regionar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

state OCCUPA-1. PLACE OF DEATH plnods item of PHYSICIANS statement RECORD. War (Usual thece of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL FOR BINDING classified 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of EX 6. DATE OF BIRTH (month, dev. end year) certificate. properly 7. AGE Months If LESS than to have occurred on the dete steted above, et \_\_\_\_ stated 1 dev.\_\_\_\_hrs. or .... min. 8. Trede, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed lest worked at 11. Total time (yeers) on this occupation (month end spent in this that occupetion \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (Stete or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town). plain (Stete or country) should be carefully What test confirmed diagnosis? MOTHER important. 15. MAIOEN NAME in OF DEATH 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur? ... 17. INFORMANT very (Address) LON. OR REMOVAL 18. BURIAL, CRE WRITE Menner of injury S CAUSE mation LION Nature of Injury 19. UNOERTAKER (Address) If so, specify (Signed) Registra

Registration Dist. N (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Oey) (Year) CERTIF Thet I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset

Other Contributory Causes of importance

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.

24. Wes disease or injury in eny wey releted to occupation of deceesed?

If more blanks are needed, address State Begistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ARGIN RESERVED

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Ì	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arleriosclerosis O = C - 1 V - D	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAUV, S.					
Other contributory causes of importance:		Other contributory causes of importance:	100		
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07131
1. PLACE OF DEATH	3)
county teldered	Registration Dist. No./3/:
	NO. 27 Centre Street St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsOmos	O ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Aufant Jed Hereden	4
(a) Residence: No. 227 Cluber Mills (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (worde the word)  Ja. If married widowed or divorces	21. DATE OF DEATH  (Month)  (Day)  (Fear)
HUSPANO of (or) JUSE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1 2 10511	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	I last saw h alive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	
9. Industry or business in which	02-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
work was done, as SILK MILL, SAW MILL, BANK, etc	J. Carlo De De Carlo
10. Oate deceased last worked at this occupation (month and year) occupation (month and year)	
h	Othar Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State ar country)	
E Transaction of	
14. BIRTHPLACE (city or town) // (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Wes there an autopsy?
	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:  Accident, sulcide, or homicide?
16. BIRTHPLACE (city or towh)  (Stata or country)	Where did injury occur?
17. INFORMANT LAMAS & Harding	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOTAL	Manner of injury
Place Fluid Hell Octo Kelley 9, 1934	Natura of injury
19. UNDERTAKER 14. B. Ctclusour & Sou	24. Was disease or injury in any way related to occupation of daceased?
20. FILEO 4 fliley , 192 4 Doda J Brichery Registrary	(Signed) A.D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL	SPACE F	OR .	FURTHER	STATEMENTS	BY	PHYSICIAN

County	Frede	ich		(130)	Registration Dist. N	135
Village or C	ity 1/120	esaille		No.	i i i i i i i i i i i i i i i i i i i	St., Ward
			(lf	death occurred in a hospital or in	stitution, give its NAME instead	of street and number)
Length of resid	dence in city or town where	death occurred	yrs,mos	ds. How long in U.S.	.if of foreign birth?yı	rsds
2. FULL NA	ME Kiched	rd H	resheur	rel		
(a) Residen	ce: No			St., Ward.		
PERSON	AL AND STATIST	(Usual place of		MEDICAL	If nonresident give city	
. SEX	AL AND STATIST	5. SINGLE, MARRI		21. DATE OF DEAT	CERTIFICATE OF I	JEATH
Male	White	OR VIVORCED	(regrite the word)	21. DATE OF DEATH	( suly . / ( )	1 (Year)
a. If married, widow HUSBAND of	ad, or divorced			22. / I HERE	DY CEDILEY 7	
(or) WIFE of	Y	2)		Les In Contraction	3A 10 0	attended decaased from
DATE OF BIRTH	month, day, and year)	1110.23E	1934	I last saw had alive on.	Tuly 14	7 193 H death is said
. AGE Yaa	- //	Days	If LESS than	to have occurred on the data s	stated bove, at Jam	, 00000 13 300
		2.2:24	I day,hrs.	The PRINCIPAL CAUSE OF D	EATH and related gauses of Imp	oortance
8. Trade, profes	ssion, or particular	100	or	wera as follows:	,	Date of ense
kind of w SAWYER, 9. Industry or work was SAW MIL 10. Date deace	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc	<i>U</i>		no Lolus UST	Fie Kidx	W since birth
9. Industry or work was	business in which s done, as SILK MILL,	V		Prietal!		[ Cuffe
SAW MIL	L, BANK, etc	II. Total tim	ő (veges)	Acute	NEphritis	: probably due
11110 0000	pation (month and	spent	In this	to	unteral obstruct	tora e
	Predo	00	end	Other Contributory Causes of I	mportance:	
2. BIRTHPLACE (cit (State or cour	y or town)	1		7	101 8	-/,
13, NAME PL	AAOL ATOM	'ol hass	mes and	Tol new ga	of all	LN.
13. NAME / EL	(city or town) My	105 Que Ole	Aud,	Name of operation	Y None	22
(State or		2000		What test confirmed diagnosis		S thare an autopsy?
15. MAIOEN NA	ME Ruth Ele	gabello Bl	ckuphle		I causes (VIOLENCE) fill in also	
15. MAIOEN NAI	(city or town) WE	sville 1	and 10		? Date of I	
(Stata or				Where did injury occur?		.,,-,,, 13
7. INFORMANT(Address)	Kussel &	and Ba	rohman.		(Specify city or town, co ed In INDUSTRY, In HOME, or I	ounty and State) n PUBLIC PLACE.
8. BURIAL, CREMAT		wille	md.	Manner of injury		net.
Place S a	lein Comel	Date July	15- 1934	Nature of Injury	~	
9. UNDERTAKER (Address)	Emony F	nego	no that	24. Was disease or Injury In an	ny way related to occupation of	decaasad? NO
0 4	12 0 M	1.00	JAU	If so, specify(Signed)	Lake 11/6	Toel
O. FILED YEAR	15 1934 -ON	MILLIANS	n thennes a	(Signeu)	- Ungersafelly. U.	My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Carllet Alak Storian

7 5 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07133
infor- state UPA-	1. PLACE OF DEATH	23
7 1	County Frederick	Registration Dist. No. 137
item of should of OCC	Village or City State Sanatorium	Maryland St., Ward
> 00 +	Length of residence in city or town where death occurredyrsmo	f death occurred in a perpital or institution, give its NAME instead of street and number)  s. 2 ds. How long in U. S. If of foreign birth?
CORD. Every PHYSICIANS	2. FULL NAME blumfred & H	arvey
	(a) Residence: No. Cardiff Harfo	of St. ( Ward Maryland
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
TX .	Temal white OR DIVORCED (write the word)	July 3, 193 4
BINDING PERMANENT EXACTLY by classified.	5a. If married, widowed, or divorced HUSBAND of	
IDI ILAI A C assi	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
BINI EXA EXA y class	6. DATE OF BIRTH (month, day, and year) Rept. 28, 1902	i last saw her alive on July 2 1934; death is said
R B B A B B B B B B B B B B B B B B B B	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 5.45 Pm.
FOR B. IS A PE stated E properly certificate	31 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
20	No Trade, profession, or particular kind of work done, as SPINNER, Telephone Operator SAWYER, BOOKKEEPER, etc.	Vulmonary Interculosis 1922
VE TH Id b	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased jast worked at  11. Total time (years)	
SERVI NK_T] should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
は日間もの	11. Total time (years) this occupation (month and year)	
RES NG I AGE that		Other Contributory Causes of importance:
RGIN VFADII plied. ,	12. BIRTHPLACE (city or town) (State or country)  (State or country)	
MARGIN RENFADING supplied. AGH	13. NAME James 17. Harvey	
# 45 A	14. BIRTHPLACE (city or town)	Name of operation
II a	a land the same of	What test confirmed diagnosis?X-Ray Was there an autopsy? No
INLY, WIJ be carefuli EATH in pl important.	15. MAIDEN NAME Sligabeth Jones  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
E Car	O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
be EA	deservation	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLAINLY, should be can OF DEATH ; very import	17. INFORMANT OUCCEASE of an Administration (Address)	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation sl	Place Larelf Date untentry	Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER M. R. Creager	24. Was disease or injury in any way related to occupation of deceased?
V. S. No. 1	(Address) / hurmon p Md	if so, specify Para Post and
» z T	20. FILED	(Signed) Shate Sanatorium
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1144			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	or-	STATE OF MARYLAND	CERTIFICATE OF DEATH 17134
	infor- state UPA-	1. PLACE OF DEATH	820
1		County	Registration Dist. No. 141
1)	5.2	Village or City / more village	No. St., Ward
	= 0		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	RD. Every YSICIANS statement	74' . 4 . 1 . 1 . 1	
	ICI Item	4.4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	CORD. Every PHYSICIANS ict statement	(a) Residence: No. Knowertle · md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	RECORD.  PHYSI  Exact state	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	REX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
rh	LAL	male white marrie	(Month) (Day) (Year)
N	RMANEIX X A C T	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, () That I argended deceased from
	MA A ass	(or) WIFE of Laura K. Henkel	Lely 15, 1074, 100 July 14, 1994
BINDIN		6. DATE OF BIRTH (month, day, and year) 22 - 185.5-	i st saw had alive on 270 3 4 death is said
	ed erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 - 30 km.
OR	IS A PE stated E properly certificate.	79 / 5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	be sof ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	$\rho$ $\rho$ $\rho$ $\rho$
回	-		Certifical bluowhoge.
R	NK-T] should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	// a
RESERVED		10. Date deceased last worked at this occupation (month and spant in this	
RE	AGE that	year) occupation	Other Contributory Causes of importance
Z	So se ictic	12. BIRTHPLACE (city or town). Hallton y	/ Sy sellullan
RGIN	NFADING oplied. AGI erms, so tha instructions	(State or country)	
AB	NFA supplied n terms, ee instri	H 13. NAME John Hankel	<i></i>
Z	O3 ≅·	14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
4	WIT fully n pla	# 15. MAIDEN NAME Mary Sungle	23. If death was due to external causes (VIOLENCE) fill in also the following:
	re ita	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
0	INLY, be car EATH import	(Stata or country)	Where did injury occur?
100	AIN DE.	17. INFORMANT John T- Hankel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	should OF D.	(Address)/ Wash 43.6	
	FE SE	Place Peleterille: Md. Data July 29, 1934	Manner of Injury
4	-WRITE mation sl CAUSE (	0 2 8 1 0	Nature of Injury
1	ma CA TI	19. UNDERTAKER A. A. Outles	24. Was disease or injury in any way related to occupation of deceased?
S. No.	m (T)	10.000 CO 10.00 / TOURS	If so, specify (Signed) (Signed) (Signed)
>.	z (	20, FILED Registrar.	(Addrass) / A
	0 - 0	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL :	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA.
---	--------------	-----------	---------	------------	----	-----------

V. S. No. 1 N. B.—1

1. PLACE OF DEATH	9
county It redevices	Registration Dist. No. 144
Village or City w Turne out	NoSt., Waru
Length of residence in city or town where death occurred vrs	death occurred in a hospital or institution, give its NAME instead of street and number)
Mary Marguerite	- Carlotte and the control of the co
2. FULL NAME GOODS THE CONTRACTOR OF THE CONTRAC	
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
ba. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June. 12" 1934	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trade profession or particular	Date of one of
SAWYER, BOOKKEEPER, etc	Whooping longh - 7/1/3
work was done, as SILK MILL, SAW MILL, BANK, etc	B
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	1/20/3
12. BIRTHPLACE (city or town) Resulfaurmont (State or country)	Other Contributory Canses of importance:
13. NAME Larry C. Hervett	
13. NAME Lary C. Hervett  14. BIRTHPLACE (city or town) Mountain dale (State or country)	Name of operation
E 15. MAIDEN NAME Many & Starmen	What test confirmed diagnosis? Also Was there an autopsy? We was there an autopsy? We
15. MAIDEN NAME Mary Starres  16. BIRTHPLACE (city or town). Went Starres	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or, country)	Where did injury occur?
17. INFORMANT Lange, Hervette, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL D. B. Cen	Manner of injury
Place Aurumn Date July 26, 1934	Nature of injury
19. UNDERTAKER MA CORRESPONDENCE TO THE CORR	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 24, 1934 Anna M. Jones Registrar.	(Signed) Marris la land M.  (Address) Chumon M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
100 100 1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1	
No.	
2/2	
5	

Village or City Emulalma	No. Registration Dist. No. 13 4
Length of residance in city or town where death occurred by yrs	NO. St., V  If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Charles Come (a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write, the word)  Wale  White	21. DATE OF DEATH  21. DATE OF DEATH  21. 193 4
5a. If merried, widowed, or divorced	(Month) (Oay) (Year
HUSBANO OF Sara Willer	22. I HEREBY CERTIFY, That i attended deceased
6. DATE OF BIRTH (month, day, and year) Och. 14-1865	l last saw have alive on July 19.2 1 death is
7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, at 11.30 cm.
68 8 23, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Myscaralla ///
Industry or business in which	· · · · · · · · · · · · · · · · · · ·
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 1/1/34 spent in this 44 spent	
12. BIRTHPLACE (city or town) turitaling	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town). Limitaling	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS Choo. It State	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place trustaling likete fully 10, 19 34	Nature of Injury
19. UNDERTAKER US Shaff for (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEO July 10, is 34 Moto Struff	(Signed) Afflering My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	· · · · · · · · · · · · · · · · · · ·	1 - 4 - 100 -	

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0713
1	1. PLACE OF DEATH	(15-0)
	County The descention	Registration Dist. No. / 2/=
	Village or City tened on City of City	death occurred in a horbitation institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmos
2	2. FULL NAME Syde Alice Clipateth	
	(a) Residence: No. Meur Windows	St. May Ward. Caryollo
enant:	(Usual place of abode)	If nonresident give city or town and State
3. 3	PERSONAL AND STATISTICAL PARTICULARS  SEX / S. SINGLE, MARRIED & DOWED,	21. DATE OF DEATH
	Hamay While OR DIVORCED (Wife the word)	(Month) (Day) (Year)
5a.	HUSBAND of (or) WIEE of	22. I HEREBY CERTIFY That I attended deceased fr
g 1	DATE OF BIRTH (month, day, end year) Str. 14-1914	last saw h 22 alive on 2 2 3 197 V death is s
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 4 m.
	19 8 19 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
CN	8 Trade, profession, or particular kind of work done, as SPINNER,	Date of one
	SAWYER, BOOKKEEPER, etc.	Ohegle cone E afficience 6/24
UPA	work was done, as SILK MILL, SAW MILL, BANK, etc	
000	10. Date deceased last worked et this occupation (month and the property spant in this 9 %	0.0+ _ +
_	year) occupation occupation	Other Contributory Causes of Importance tenting Suffere death.
12.	BIRTHPLACE (city or town) LLW AMMASOF	O 1 C - 1 cuiga
~	(State or country)	Ceptucae 1 host -
HEA	13. NAME Cart 2. High	Diffortherio was not a contributory
FAT	14. BIRTHPLACE (city or town) - Alut yuas	Name of operation Cause of Leath Date of
02	(State or country)	What test confirmed diagnosis? Was there an au'opsy? Q
OTHE	15. MAIDEN NAME dend Jayhuan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Q W	16. BIRTHPLACE (city or town) RAMMON (State or country)	Accident, suicide, or homicide?
	a a la finale	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OF REMOVAL	Manner of injury
	Place Write 2 Will groate July 6 , 1937	Nature of injury
19.	UNDERTAKER WA Karkley (Address) Me Journal M. J.	24. Was disease or injury in any way related to occupation of deceased?
20	FILED 3- July, 1934 and Imelical	(Signed) (f. Churter Veasor M
20.	Registrat.	(Address) Frederic MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIT A HEAT	1915	Attack of epilepsy	1 wesk ago
Chronie interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

li loi se	- Wo	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07138
in Signature		1. PLACE OF DEATH	1400
cem of	0000	County Frederick	Registration Dist. No. 12 Televale
C) meti	of (	Village or City words lb	No. St., Ward
~ U			death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
Every	statement	2. FULL NAME Jujant Jone	
	tate	(a) Residence: No. 1 Low Warlly mg	St., Ward.
RECORD.		(Visual place of abode)	If nonresident give city or town and State
KEC	Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
IG ENT I		Male white OR DIVORCED (write the word)	(Month) (Gay) 193 3 4 (Yeer)
BINDIN( FRMANE	ssified	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	225 / I HEREBY CERTIFY, That I ettended deceesed from
NA X	clas	9101631	flely 9 , 1937, to felly 9 , 193 4
	ly ate.	6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Days If LESS then	liast saw h. M. alive on fully 7, 19.3.4; death is said
FOR IS A	properly certificate	I dey,hrs.	to heve occurred on the dete stated above, at
	-	8. Trade, profession, or particular	were es follows: Date of onest
ED HIS		Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
RESERVED  OF INK—THE	may	9/Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
SE N	it r	11. Total time (yeers)	
SE I		this occupation (month end spant in this occupation — spant in this occupation — oc	Other Contribution Contribution
. 4	erms, so tha	12. BIRTHPLACE (city or town) Busineswick	Other Contributory Canses of importence:
RGIN NFADI	ns, stru	(State or country)	
MARG		II 13. NAME James Jones	
Z-	ain t	14. BIRTHPLACE (city or town) / Jacusty County	Name of operation Date of
VITA	ā .	15. MAIDEN NAME Geneviere Buggard	What lest confirmed diagnosis? Was there an eu'opsy? Was there an eu'opsy? Was there an eu'opsy? Was there an eu'opsy?
Y, WI	TH in portant	16. BIRTHPLACE (city or town).  (Stele or country)	Accident, suicide, or homicide?
OE S	AT	(Stete or country)	Where did injury occur?
PLAII	F DEA ery im	17. INFORMANT + atte.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	OF ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
WRITE	SE	Place amples Manufate July 10, 1934	Nature of injury
o. 1 —WRIT	CAUSE TION is	19. UNDERTAKER LUM 3. Dast 4 Soy	24. Wes diseese or injury in eny way releted to occupation of deceesed?
Z m	F	4/2 18 01 May 6/8 11	(Signed) SUB. Oraker , M.D.
> Z	U	Registrar.	(Address) Basifshow, Mid
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	\$		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSIÇIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County trederick	Registration Dist. No. 144
Village or City Near reasers low	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How iong in U.S. if of foreign birth?
2. FULL NAME John A. Maa	
(a) Residence No. Near (Undertake of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 34
5e. If merried, widowed, or divorced HUSBAND of	(Yonth) (Oay) (Year)
HUSBAND of (or) WIFE of	22. THEREBY CERTIFY That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Tuly 9 -1934	11 get raw h inf elive on July 11 1934 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated hove, at 2130 p
2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done as SPINNER	()
kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc.	Mucalwilly 329)
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate decesed iest worked et this occupation (month end spent in this	
year) occupation	Other Castributory Causes of importence:
12. BIRTHPLACE (city or town) Mean Slagerstons (State or country)	
13. NAME LA LA BAAS	
E had the sa	240
I. I. BIRTHPLACE (city or town) (Stete or country)	Name of operation Oate of What test confirmed diagnosis? What test confirmed diagnosis? West there en autopsy? West there en autopsy?
15. MAIDEN NAME J. May Scies	23. if deeth was due to externef ceuses (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Mothers 6	Accident, sulcide, or homicide? Oate of injury 19
Stete or country)	Where did injury occur?
17. INFORMANT John W. Kago	(Specify city or town, county and State) Specify whether injury occurred in fNOUSTRY, in HOME, or in PUBLIC PLACE.
(Addiess)  18. BURIAL CREMATION, OR REMOVED Catholic	Manage of injury
Place hur from h October 12, 1934	Manner of injury
19. UNDERTAKER 11 TO THE TOTAL OF THE TOTAL	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILEO July 12, 1934 anna M. Jones Registrar.	(Signed) Hollies Valle M. 0 (Address) Januylou Wal
If more blanks are needed, address State Revistrar	2ALL N. Charles Street Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
DESTRUCTION OF THE POST OF THE PROPERTY OF THE

should state

PHYSICIANS

Exact statement of OCCUPA-

certificate.

Jo

See instructions on back

TION is very important.

19. UNDERTAKER

(Addrass)

V. S. No. 1

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	92-00)
county Frederick .	Registration Dist. No. 140
Village or City Cecterville	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME ares Marshall J	lewy
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX  4. COLOR OR RACE  OR DIVORCED (write tha word)  Market Color of Race  OR Divorced (write tha word)	21. DATE OF DEATH 3/ (9ay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Jaral Elley Keeney	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) ruly 22,/85-7	I last saw h alive on Fred 3 0 193 & death Is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et
77 0 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or perticular	Date of onset
a Industry or husiness in which	O Last
work was done, as SILK MILL, SAW MILL, BANK, etc.	milial region it. T
10. Date deceesed last worked et this occupation (month and 93) error occupation occupation occupation	Jagaran Jagaran
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	Chron & france
13. NAME GOO Keess	Duly heworker July 3/2
13. NAME Relegion 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What tast confirmed diegnosis? Wes thare an autopsy?
15. MAIOEN NAME Ruckyow	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME MUMMUNOW  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?Oate of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT ROLES Keener And (Address) Woodsloro and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place J. J. J. J. Dete M. 19 V.	Natura of injury

CEDTICICATE OF DEATH

Registrar.

24. Was disease or injury in any way related to occupation of decaased?....

(Address)

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAUNS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Ward

\_\_\_ds.

## STATE OF MARYLAND—CERTIFICATE OF DEATH YSICIANS should state 3D. Every item of inforof OCCUPA-1. PLACE OF DEATH (If death occurred Length of residence in city or town where death occurred statement

- 00		121/
	Registration	Dist. No. 3/(
HILF A		
in a hospital or institution,	give its NAM	E instead of street and number
		yrsmos

MARGIN RESERVED FOR BINDING

(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, who was a proceed its sortion of (or) WIFE of the T. Keling	22.   HEREBY CERTIFY, That I Attended deceased from
6. DATE OF BIRTH (month, day, and year) May 18-1860	I Jasy saw h alive on 1935 death Is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, it is to have occurred on the date stated above, it is in the PRINCIPAL CAUSE OF DEATH and related causes of importance were as if ollows:
8. Trade, profession, or particular kind of work done, as SPINNER. House lacks	All S33 Ohto of onset
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(V) rufeting 1
10. Date deceased last worked at this occupation (month and 1983   11. Total time (years) spant in this occupation.	Mollin
12. BIRTHPLACE (city or town) Frederick Co- (State or country)	Other Coatributery Cytast of importance:
13. NAME Trong Devilbiss  14. BIRTHPLACE (city or town)	Pointic antimoful 14
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opay?
15. MAIDEN NAME Savilla Ring 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
744 A 74 8	Where did injury occur?
17. INFORMANT  (Address)  18. BURIAL CHEMATION OF REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Met Olivex Ce Date Dug 18, 19 34	Manner of injury
19. UNDERTAKER O. E. Clina Afon (Address) Trefrick And	24. Was disease or injury in any way related to occupation of degreesed?
20. FILED It-July, 1924 dra / mccusle	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimory, Requesting U. S. No. 1.
	, v. J. 110, 1.

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BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7142
1. PLACE OF DEATH	180	
Village or City Shorts Shorkston	Registration Dist. No./ 3 /	n do
Timeso of oit)		Ward
	death occurred in a hospital or institution, give its NAME instead of street and nuds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME   da +		
(a) Residence: No. Shorkstone	Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The service of the service of the color of the service of t	21. DATE OF DEATH	193 (Year)
TOSEPAND OF CONTROL OF THE O	22. I HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, and year) May 18 18 59	I last saw h. ex alive on friks 8 1 , 19 3 4;	-,
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above for 11 m.	
7.5 1 21 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade profession or particular		Data of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Carcia Vascular	2 years
9. Industry or business in which work was dona, as SILK MILL,	Thenal cineurs	
SAW MILL, BANK, etc		
this occupation (month and yaar) - 2 - 14 28 occupation 60	actinomatour gutro	30 yers
- Francisco	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Carlot (State or country)	Carthan Parline	Dinelos
W 13. NAME JOSEPH HAYA.		1, weil
I The state of the	Name of operation	
(State or country)	What test confirmed diagnosis?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
15. MAIOEN NAME Flizzbeth Whipp	23. If death was due to external causes (VIOLENCE) fill in also the following:	opsyr-1-2-e
16. BIRTHPLACE (city or town) Firedexics.	Accident, suicide, or homicida? Date of injury	19
State or country)	Where did injury occur?	
17, INFORMANT Sharles to Mary King 1970.  (Address) Sharles town 1970.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
Place Doubs Com Data July 11 1934	Nature of injury	
19. UNOERTAKER C. T. LT. G. L. A. L.	24. Was disease or injury in any way related to occupation of deceased?	10-
20. FILED II-July , 1934 Son J meenily: Registrar.	(Signed) Hot Fahrney Mch.	M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

OCCUPAinfor-1. PLACE OF DEATH Jo should Registration Dist. No. 140 Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS How long In U. S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city of town where death occurred.... statement RECORD. Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or towo and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word) (Year) classified 5a. If married, widowed, or divorced **HUSBANO** of 22. EBYOCERTIFY, That I attended deceased from (or) WiFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Months If LESS than 0ays to have occurred on the date stated above, at-The PRINCIPAL CAUSE OF OEATH and related causes at importance or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this so that occupation .... Other Cootributory Causes of importance 12. BIRTHPLACE (city or town) (State or country Supplied terms, FATHER 13. NAME plain (State or country) be carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: ij. Accident, suicide, or homicide OF DEATH 16. BIRTHPLACE (city or town) (State or country (Specify city or town, county and State) Specify whether Ajury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18, BURIAL, CREMATION. CAUSE LION 24. Was disease or injury to any way related to occupation of deceased? If so, specify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

ARGIN

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HEIRPHIN S.				
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	F DEATH	1		92-0)	1.64
	Iseden			Registration Dist. No.	
Village or C	ity Brising	surek)	(1	No f death occurred in a horpital or institution, give its NAME instead of	St., War
Length of resi	dence in city or town where	death occurred	yrsmo	sds. How long In U.S. if of foreign birth?yrs.	d
2. FULL NA	ME lodeth 1	( Lor	3		
(a) Residen	ce: No	(Usual place		St., Ward.	
PERSON	AL AND STATIST			If nonresident give city or MEDICAL CERTIFICATE OF DE	
3. SEX Semale	4. COLOR OR RACE	5, SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	3 1934
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Denhami	n Zor	-8	(Day)  1 HEREBY CERTIFY, That I	(Year)
6. DATE OF BIRTH (	month, day, and year)	W 5.	1863	I last saw has a sive on July	, 193 ; death Is sa
7. AGE Yea	Months	Days 23	If LESS than I day,hrs.	to have occurred on the date stated above, at Z 10 1	
SAWYER, 9. Industry or work was SAW MIL	ssion, or particular york done, as SPINNER, BOOKKEEPER, etc	en Hom	Lime (years)	D Chronic Myscoulitis	Date of onse
12. BIRTHPLACE (cit (State or cour		spe	ent In this upation	Other Cantributary Causes of importance:	বু
13. NAME 14. BIRTHPLACE (State or	(city or town)	dan		Name of operation.	Date of
15. MAIDEN NA	(city or town)	Fiteche	w	What test confirmed diagnosis? Was  23. If death was due to externel causes (VIOLENCE) fill in also the  Accident, suicide, or homicide? Date of Injur	following:
17. INFORMANT (Address)	oznan K	Long ick m	nd	Where did injury occur?  (Specify city of fown, count Specify whether injury occurred in INDUSTRY, In HOME, or In Pl	ly and State) UBLIC PLACE:
18. BURIAL, CREMAT	1 -11 100	Date July	43/ 1034	Manner of injury	· · · · · · · · · · · · · · · · · · ·
19. UNDERTAKER (Address)	Donne	with	me	24. Was discuss or injury in any way related to operation of each	pased? WO

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Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

County	Frederick <sub>City</sub> Near Jeffer	rson		Registration Dist. No. / 2	Ward
				death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs	
	AME Joseph In ence: No. Leau		usom	St., Ward.  If nonresident give city or town a	and State
PERSO	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Male	4. COLOR OR RACE White	5. SINGLE, MA OR DIVORCE MARTIC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH SULY (Month) (Oay)	, 193 (Year)
5a. If married, wide HUSBANO of (or) Will of	Verna Johns	n		22. LHEREBY CERTIFY, That I ettend	ed deceased from
S. DATE OF BIRTH	f (month, day, and year) ຢູ່ບ	ne 18. 19	885		¥; death is sai
. AGE Y	ears Months	0ays 20	If LESS than 1 dey, hrs.	to have occurred on the date stated above, at	
8 Trade pro		armer	ormin.	Mys cardiol de compresation	Date of onse
kind of SAWYE 9. Industry of Work w SAW M	R, BODKKEEPER, etcr business in which was dona, as SILK MILL, Ge IILL, BANK, etc	neral Far	ming	Chine conjection ylise	1/10/3
	ased last worked at cupation (month and 10/3	3 11. Total	tima (yaars) ent in this 29 cupation	and all ingary.	
	city or town) Marylar			Other Contributory Causes of importance:  Bundle banch block	11/1/3
1	William Long.			of extractor tankary.	Sof Fire
14. BIRTHPLA		rland.		Neme of operation Date of What tast confirmed diagnosis?	in autopsy?
	CE (city or town)	ylor. st Virgin	ia	23. If daeth wes due to axternal ceuses (VIOL ENCE) fill in also the follow Accident, suicida, or homicida? Date of injury	ving:
17. INFORMANT	or country) Mrs. J. I. Lor Jefferson. Mo			Whare did Injury occur?(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HDME, or la PUBLIC	State) PLACE.
18. BURIAL, CREM	AHDN, OR REMOVAL Nr.	Romney,	W. Va	Manner of Injury	
19. UNOERTAKER	M. R. Etchison Frederick, Md.	å Søn,		24. Was diseasa or injury in eny wey related to occupation of decaased?  If so, specify	No.
20. FILED 10 -2	uly 1024. /	ra/h	Meleury Registrar.	(Signed) a Tall of Bruce (Address) Jefferson, Md.	M.

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A110 0 1101			
	-	es .	
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- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HILIPAU V.S.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Frederick	Registration Dist. No. 141
Village or City Knoppille	NoSt., W  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if ol loreign birth?yrsmos
2. FULL NAME William C. Mark	er
(a) Residence: No. Lacust Valley	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	ED. 21. DATE OF DEATH
11 married, widowed, or divorced	(Mony) (Day) (Year)
HUSBAND 01 Betty Beachley	22. I HEREBY CERTIFY, That I ettended deceased I
DATE OF BIRTH (month, day, and year) Oct. 15 1891	
AGE Years Months Deys If LESS t	
42 8 28 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Date of or
kind of work done, as SPINNER, Hatcheryman	
9 Industry or husiness in which	2 5 . 00
work was done, es SiLK MILL, SAW MILL, BANK, etc.	Tracker of The
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant In this occupation.	/6
an' : an	Other Contributory Causes of Importance:
(State or country)	
13. NAME Takes H. Markon	
Joun 17. Marker	
14. BIRTHPLACE (city or town) Myeravelle (State or country)	Neme of operation
0 1 00.00	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Bertha M. Phishowe	23. Il death was due to externel causes (VIOLENCE) fill in elso the lollowing:
16. BIRTHPLACE (city or town) Desnes bors	Accident, suicide, or homicide Leader Date of injury/49 / 2, 19
(State or country) Md	Where did injury occur?
INFORMANT Folin Marker	(Specify city or town, county and State) Specify whether injury occurred in LEDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Weddletown Md	- My Jaray
BURIAL, CREMATION, OR REMOVAL	Manner ol Injury Allo Cellery
Place Donestow Date July 13, 19	34. Nature of Injury Frackers Smile Wolland
UNDERTAKER C. 2. A Glashill (Address) Middle torone Md	24. Was disease or injury in any way related to occupate of deceased?
Suc 81/2 13 .34 Mas 4 P /	(Signed)
FILED / 14 12 , 1934 / 100	ALD ITAL

1 , 20 1 1 10 10

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			774

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07148
1. PLACE OF DEATH	(131)
County Fredrick	Registration Dist. No. 144
Village or City Thurmount	ND. St., Ward
Langth of rasidanca in city or town where daath occurred3.3yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foraign birth?
2. FULL NAME Frank R martin	
(a) Residence: No. Thurmont md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
(Or) WIFE OF Tillian Weller martin	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 17 1879	I last saw harmalive on 7-26-, 19-3 4 death is said
7. AGE Years Months Days If LESS then 1 day, hrs.	to have occurred on the data stated above, at 1.0 43 Pm.
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, Cashuer SAWYER, BDDKKEPER, atc	
kind of work done, es SPINNER, Cashuer SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, Cutzens Sawnas Bank SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months and last services)  11. Total time (years)	Oleranic Brights
10. Date decaased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town) Gracehand (State or country) In d	Dther Contributory Causes of Importanca:
13. NAME Joshia Mastin	
13. NAME Joshia Martin  14. BIRTHPTACE (city or town) (State or country)  Md	Name of operation Date of Date of What tast confirmed degree MLCal Surfice and au'opsy?
15. MAIDEN NAME Sarah Slevens	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Sarah Stevens  16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
(State or country) M A	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT HAS Villian Marlin (Addrass) Thursmont Ma	Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Cenetry 7/28 , 1934	Manner of injury
19. UNDERTAKER Walter of Grove (Address) Waynesbory Penna	24. Was diseasa or Injury In any way related to occupation of deceasad? 716
20. FILED July 27, 1934 arma M Jarelo	(Signad) Blue Pidge Summit Pa. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE EC	R FURTHE	R STATEMENTS	BY	PHYSICIAN
TIDDIKIONAL	DI TIOL I	TO T. CLICKTIST	THE DEVITED THE PARTY OF THE	10 1	TATABLOTATA

V. S. No. 1

County Trederick	Registration Dist. No. / 54
Village or City Emilaberry	No. St., Wa
Length of residence in city or tomp where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
12/11/11	mos
2. FULL NAME / Letting Mun	ous wair
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	
Maried without with Single	(Month) (Day) (Year)
If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended deceased fr
DATE OF BIRTH (month, day, and year) July 19 3	1/ I last saw harmaliva on 2-20 1934 death is s
AGE Years   Months   Pays   If LESS tha	7
0 0 1 dey,nin.	hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Treda, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Tremature infant from
9. Industry or business in which	aling trived 20 Kours
work was dona, as SILK MILL, Saw MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributary Canses of importance:
(State or country)	
I V Y Y	
and a	7000
14. BIRTHPLACE (city or town) Page (Stata or country)	Name of operation Date of What test confirmed diegnosis? Clause of Was there affautopsy?
15. MAIDEN NAME Sorather Coal	23. If daath was dua to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) furnitalizad	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
INFORMANT Robert in This	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREATATION, OR REMOVAL	Mannar of Injury
Place Suitaking led Date July 2, 19	Netura of Injury
UNDERTAKER U. To Shieff for.	24. Was disease or injury In any way related to occupation of dacassad?
1101 0 111	7
FILED July 21, 1934 MILE, Shuff	(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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> Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	i 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

V. S. No. 1

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07150
1. PLACE OF DEATH	(207-m)
County Magderick	Registration Dist. No. 137
Village or City Sabillasville Me	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a norphial of institution, give its IVAINE instead of street and number)
2. FULL NAME Harold Roese Micho	ls.
(a) Residence: No. Sakillasville M. (Usual place of abode)	A-St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (voring the word)  Marie  Marie   The word    The word    The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The word   The w	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from, 19, to
6. DATE OF BIRTH (month, day, and year) Help. 91, 1896	! last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
38 4 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, HELLINGS.	A
Industry or business in which	Werden Pilled
work was done, as SILK MILL, SAW MILL, BANK, etc.	on WM RR.
apolit ill tilla	
land de de	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Council (State or country)	
13. NAME Agustus Vichola	
13. NAME Agustus Victorial 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
E 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
1-1 4 1 1	Where did Injury occur? (Specify cily or town, county and State)
17. INFORMANT ON MA IN: TOPINATION (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DO 1. 1. 0. 0	Manner of injury
Place devilla surlle monty 3. 1934	Nature of injury
19. UNDERTAKER AM Trove Soul	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jesly L. 1934 6 A Sterra	(Signed) O Sabillasville und
76 ki	V C C P C P C C P C C P C C P C P C P C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			114511 (4.1)

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA.

B.—WRITE PLAINLY, WITH

STATE OF MARYLAND—CERTIFICATE OF DEATH 07151				
1. PLACE OF DEATH	23)			
county trederick	Registration Dist. No. 13 9			
Village or City State Sanatorum	St. Ward			
Things of only (If	death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred				
2. FULL NAME (Irchie K. Mich	rolson -			
(a) Residence: No. MARYLAND TUBERCULOSIS SANAT	St., Ward. Hagers lown. Md			
(a) Residence. No. 648 1: Usualplace of bods)	Olf nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH			
Male Whate OR DIVORCED (write the word)	JULY 2 3 193 7			
5a. If married, widowed, or divorced	(Year) (Oay) (Year)			
HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased from			
A ,	July 7 1933, 10 July 25, 19 34			
6. DATE OF BIRTH (month, day, and yeer) Sept. 14, 1910	I last saw h . Ishalive on July 25 , 193 4; death is said			
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at			
2.3 10 1   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:			
Trade, profession, or particular	Date of onset			
bind of work done as CDINNED	0			
9. Industry or business In which	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
work wes done, as SILK MILL, Trocary Store	J. W.			
10. Date deceased last worked at this occupation (month and spent in this 14.00				
year) year) occupation 190				
12. BIRTHPLACE (city or town) V Mannia	Other Contributory Causes of Importance:			
(State or country)				
13. NAME Edurard Nicharlson				
	1/100			
(State or country)	Name of operation Date of Date of			
×	What test confirmed diagnosis? AND ANAY 1. (35.: Was there en au'opsy?			
15. MAIDEN NAME V V OU S S S S S S S S S S S S S S S S S S	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
	Accident, suicide, or homicide? Date of Injury, 19			
E (State or country)	Where did Injury occur?(Specify city or town, county and State)			
17. INFORMANT archie Micholson Con admissio	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) 6 48 h. Proyect St. Hagerstrumm	d			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Itagnatoun Malate unknown	Neture of injury			
19. UNDERTAKER Chas Suter	24. Wes disease or injury in any way related to occupation of deceased?			
(Address) Hagerstown Ma.	If so, specify 1 + 1 - 1 /			
7/1. 170. Wille	(Signed) Alward S. Matter, p.			
20. FILED Registrar.	(Address) State Sanatorini md			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 07152
county I rederick	Registration Dist. No. 141
Village or City Specific (I Length of residence in city or lown where death occurred 33yrs, mo	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mary and Tite (a) Residence: No. 115 - Q	St., ZJ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH  (Martin)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Well 16. 1863	1 last say har aliva on July 5, 1934; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	Io have occurred on the date stated bove, at \$\int_6,\int_5\int_m\$.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at his occupation (month and	(Sylvian Carry Stumpois) June 2019
Spail III tills	Court a DEMa Piles Corguina of bred Makeyou
12. BIRTHPLACE (city or town) Nowbure	Other Contributory Canses of importance:
(State or country)	Chronic Refliction unbream
13. NAME John William Ferry 14. BIRTHPLACE (city or town). Key ser	Name of operation of the of Date of Aut 1819
15. MAIDEN NAME Elegabeth ann grunn	What test confirmed diagnosis fall the Court Was there an au'opsy? 10
16. BIRTHPLACE (city or town) Keyper (State or country) West Williams	Accident, suicida, or homicide?Data of injury, 19
7. INFORMANT Mrs. Chas Horbimale	Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 3 2 Summer S S S S S S S S S S S S S S S S S S S	Manner of Injury
19. UNDERTAKER ARRES \$ Dailor	Nature of injury 24. Was disease of injury in eny way related to geomorphic for deceased?
(Address) Drumswick mal	If so, specify (Signed) August M.D.
O. FILEO. THE D., 19 3.7. INVA . D. D. Bully Co. Registrar.	(Address) (Address) (Address)

CTATE OF MADVE AND

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V S	The Control			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				The second		

V. S. No. 1

(Address)

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	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	A116 9 193	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07154
1	1. PLACE OF DEATH	23 /2 C
1	county et rederick	Registration Dist. No.
	Village or City State Sana bruni	St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
		29 ds. How long in U.S. il ol foreign birth?yrsmosds.
1	2. FULL NAME Martin Jenry	Thisps,
	(a) Residence: No. 430 b Colonial place of pode Fel V	ATSRIUM Ward. Salumore Mand State
4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (prite they word)	21. DATE OF DEATH
-	nale while married	(Month) (Day) (Year)
be.	HUSBANO of Complete C	22. I HEREBY CERTIFY, That I ettended deceased from
-	Zavia Carone o Vujus	July 22 ,1933, to July 2/ ,193
_	DATE OF BIRTH (month, dey, and year)  AGE Years Months Oays II LESS then	flast saw h. 190 4; deeth is seid
4.	50 / 5   1 dey,hrs.	to heve occurred on the date steted ebove, at J. 72 J.m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
~	8. Trade, profession, or perticular	were es follows:
LION	kind of work done, as SPINNER, Molorman	Fulmonary Tuberculoris
CCUPA	9 Industry or business in which work wes done, as SILK MILL, Arrest Car. SAW MILL, BANK, etc.	
220	10. Date deceased lest worked at this occupetion (month and spant in this ) / (10.00)	
	yeer)	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) 12 allo. VM4.	
HER	13. NAME W. Phinns	
FATH	14, BIRTHPLACE (city or town) - Franka and	Name of operation Deter pf
_	(Stete or country)	What test confirmed diegnosis? Chest X Ley T. Posties there en eu opsy? No
HER	15. MAIOEN NAME Catherine a. Mace	23. Il death wes due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	Marst. H Plans (See al	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) 4 3 0 (2 2 man Chuzel Rd. Baltima	Specify michies injury occurred in model to the model of the control of the contr
18	BURIAL, CREMATION, OR REMOVAL	Manner of injury
_	Piece 12 al mon Mere immoure	Neture of injury
19	UNOERTAKER (Address)	24. Wes diseese or injury in any way related to occupe tion of deceesed?
	344 36 /1/11/1	(Signed) (Signed) (Signed)
20	Registrar.	(Address) State Sanatorum md.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

OPC.

120

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Chronic interstitial nephritis	1921	Run over by dreed car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		12821	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen erris &	1 year
		1.4 \$ 7/	

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07155
County Frederick	Registration Dist. No. 141
Village or City Brannawick	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2 ()	ds. How long in U. S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Mary 2 Dovler	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Demale white Wroles	HH9 E9 1934
5a. If married, widowad, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of Charles & Darle	22.   HEREBY CERTIFY That I attended decaasad from
& DATE OF RIPTH (month day and year) Rept 18 1832	1324 133 11-6 29 1834
6. DATE OF BIRTH (month, day, and year) Sept 10 7. AGE Years Months Oays If LESS than	last saw h slive on ; death is said
0 1 10 11 lday,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	-/
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. industry or businass in which work was done, as SILK MILL, Out.  SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the part in this programme).	Caruna Theren ?
10. Date deceased last worked at this occupation (month and syear) 11. Total time (years) spent in this occupation	
12 BIRTURI ACE (silver Asur)	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME John H Oxilis	
13. NAME  14. BIRTHPLAGE (city or town)	Nama of operation Research Oata of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida?Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tames It Of the	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Piace Disk Geraft Dur Oate Jaka 3/ , 1937	Neture of injury
19. UNOERTAKER (Addrass)	24. Was disaase or injury in any way ralated to occupation of deceased?
20. FILEO 14 36 , 1934 MS H. S. Hieres	(Signed)
Registrar.  If more blanks are needed, address State Registrar.	(Address)

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		In-East Committee Committe		

BINDING

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MARGIN

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			111	



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

SIAIL OF MA	RYLAND-	CERTIFICATE OF D	EATH UNIST
1. PLACE OF DEATH		92-0	.01131
County trederice		Registra	ation Dist. No. 144
Village or City hear Ten	islour	No	St., Ward
Length of residence in city or town where death occurred.		death occurred in a hospital or institution, give its I	NAME instead of street and number)
2. FULL NAME Millow	Vanie	Camsture	1
(a) Residence: No. Read (Usual pl	ace of abode)	Ward. Woone	sident give city or town and State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFIC	
3. SEX / 4. COLOR OR RACE   5. SINGLE, N	ARRIED, WIDOWED,	21. DATE OF DEATH	12 11
	CED (write the word)	(Month)	(Day) (Year)
5a. II married, widowed, or divorced HUSBAND of			
(or) WIFE of Mary a. Len	hark	22. HEREBY CERT	IFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April	8-1869	I last saw have alive on July	Q2 1994 death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above at-	1.50 am
65 3 15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated	
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.		Hagh follows	Arlssure Date of onset
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL	zer-	and Walnular	Chisaass oprilly
SAW MILL DANK oto	es	of the heart	(
13 ID Date decreed last worked at A 2 3 Tot	al tima (yaars)	<i>Q</i>	*****
this occupation (month and / 1/5)	spant in this document of the spant in this		
12. BIRTHPLACE (city or town) Man Ler	vistori.	Dther Cantributory Causes of Importance:	Valario.
(Stata or country)	. 1	agarage	00000
II 13. NAME Mariel S.	Kamalin		
13. NAME PLANTILLS.  14. BIRTHPLACE (city or town) Plan In	vistom	Nama of operation	Date of
(State of country)	2-01	What tast confirmed diagnosis?	
E 15. MAIDEN NAME CAPILLA SA	ushin	23. If death was due to external causes (VIDLEN	
16. BIRTHPLACE (city or town) Many tare	Male	Accident, suicide, or homicide?	
(State or country)	2	Whare did injury occur?	
17. INFORMANT MIS Mary G. K	amsty.	Specify whether Injury occurred in INDUSTRY,	ity or town, county and State) In HDME, or in PUBLIC PLACE.
(Address) Thypmor	in ma	7	
18. BURIAL, CREMATION, DR REMOVAL	1. 25-36	Manner of injury	
Place Data 1	My 20, 193 /4	Nature of injury	
19. UNDERTAKER Justine R	Jano	24. Was disaase or injury in any way related to	occupation of decaased?
(Address)	A MA	Il so, specify	
20. FILED July 24, 1934 anna M.	Jones	(Signad) As D. D. As	M, D.
U Tomas Washing	Registrar.	(Addréss) / L. Charles Street, Baltimore, Requesting U. S	un jud
a) more viants are neede	a, address state Registrar,	2411 IV. Charles Street, Daltimore, Kequesting O. S	. IVO., I.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RECORD.	Y. PHYSIC	Exact state	
MARGIN RESERVED FOR BINDING	ERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	·e·
FOR I	SISAP	stated	properly	certificat
ED	HIS	be	be	of
ESERVI	INK-T	JE should	nat it may	is on back
IRGIN F	NFADIN	oplied. At	erms, so th	instruction
Z	WITH	efully sal	in plain t	nt. See
	PLAINLY,	ould be care	F DEATH i	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WITH NFADING INK—THIS IS A PERMANENT RECORD.	mation sho	CAUSE O	TION is v
	F		1	

V. S. No. 1

1. PLACE OF DEATH	TERRIFICATE OF DEATH 071
County	
100	Registration Dist. No. 132
Village or City 1813 dalle town	NO. St., W  If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Lahr H. Routza	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DETE
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Married	(Mgp+1) (Oay) (Year
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	A
(or) WIFE of Floors that	22. I HEREBY CERTIFY, That I attend to decorded
DATE OF BIRTH (month, day, and year)	119
AGE Years Months Days If LESS than	to have occurred on the date-stated above, a
70 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	John John 19
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Make Elect
	1 + 1 n. ++
spent in this	Owecup www Kashila
year) occupation occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) Middle Lawrence (State or country)	W L
- The state of the	
13. NAME FY Routzsh  14. BIRTHPLACE (city or town) This see	
14. BIRTHPLACE (city or town) 12. State or country)	Name of operation Data of
O E THIS THE	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME A TONE May Keller	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) M3. Adds Lavy	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
INFORMANT Elayor Proutzal	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Middle toxus , Maryland	
Place Middle tory Oats Loly 24, 1934	Manner of Injury
0 - 1 1 1 1 1	- Nature of injury
9. UNOERTAKER (Antress)	24. Was disease or injury in any way related to occupation of deceased?
Valle All all Property	If so, specify than the first
0. FULLO MILLY 24-1934 L. Malgoo Dure	(Signed)
Registrar.	(Address) ( Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUDGAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA.

Exact statement

	WITH
	PLAINLY,
V. S. No. 1	N. BWRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07159
1. PLACE OF DEATH	92-20
County Maderial	Registration Dist. No. 132.
Village or City Burstuttsville	No. St Word
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mary EROSPY	us like
(a) Residence: No.	, , , , , , , , , , , , , , , , , , ,
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, WARRING, WIDOWED, OR DIVORCED (write the word) Widoward	21. DATE OF DEATH Self 24 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
(6) 1112 01	may 1930, to July 28, 1984
6. DATE OF BIRTH (month, day, and year)	I last saw h Salmaliva on May, 192 4; death is sald
7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the data stated above, atm.
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Chronic Cardio Valrulas Dusis
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total tima (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Frederick County  (Stata or country) Mary Land	Other Coutributory Causes of importance:
II 13. NAME Jacob Wiles	
14. BIRTHPLACE (city or town) Frederick County	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT - SSIE KAYY	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Beaver Prech Date 2014 26, 1934	Natura of Injury
19. UNDERTAKER CTTGGladkill	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Middle tours, Ma	If so, specify
20. FILED July 26, 1934. D. Lacyson Sances	(Signed) M. D.
Aegistrat.	(Address) Johnswich ml

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Burney			
Other contributory causes of importance:	11.000.138	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important.

See instructions on back of certificate.

STATE OF MARTERIES	CERTIFICATE OF DEATH 07100
1. PLACE OF DEATH	(23)
county stredbrick	Registration Dist. No. 15 9
Village or City State Sanatorini	Na Mod St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	2 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	TURIUM DOT.
(a) Residence: No. 7 6 2 3 The Quantities of abode JM, M	St., Ward. 10 ax w. M. A.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white or Divorced (write the word)	(Mod(h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIETH (month day and year) Waw. 10.1874	I last saw ham alive on July 20, 1934; death is said
6. DATE OF BIRTH (month, day, and year)	to heve occurred on the date stated above, at 5.45A m.
( ) 9   1   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were as tollows: Data of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end.	00 /10
9. Industry or business in which work was done, as SILK MILL,	Mymonary Juler culosis
SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month end year) spent in this occupation occupation occupation	
12 - 0 T	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	hone
[Stete or country]	Name of operation
	What test confirmed diagnosis Chlor X nay Y Bos Was there an au'opsy? 12
15. MAIDEN NAME Way C. Soull 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) VVC (Cate or country)	Accident, suicide, or homicide?
Non DA Maria	Where did injury occur? (Specify city or town, county and State)
(Address) 2 623 Tulen It. 12 al Trum	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece 12 al a · My Date mhurns	Neture of Injury
10 HADERTANES M. P. COLOGEN.	24. Was disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER V (Address) Thursday M.C.	If so, specify A
20 FUED 1/1/2/60 /2003	(Signed) Slower D. Maffer M. D.
20. FILED Registrar.	(Address) It ate Sana Torula Ind

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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No.	
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	2.1.		11/2)
	County Transch		Registration Dist. No. 14/
	6	wich	
		GI (I	f death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death	occurredyrs,mos	sds. How long in U. S. if of foreign birth?yrsmos
2	2. FULL NAME EAMMA	xage	
	(a) Residence: No.	(Usual place of abode)	St.,Ward.
-	PERSONAL AND STATISTICA		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. 3		SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
10		OR DIVORCED (write the word)	193 4
5a.	If married, widowed, or divorced HUSBAND of	1	(Month) (Day) (Y
	(or) WIFE of Charles # 8	Jase	22. P I HEREBY CERTIFY, That I attended decessed
1000	24	1, 1816	1924, to 19
-	DATE OF BIRTH (month, day, and year)  AGE Years Months	(1 1869	Vast saw har alive on 1934; death
1	AGE Years Months	Days If LESS than I day,	to have occurred on the date steed above, atm.  The PRINCIPAL CAUSE OF LEATH and related causes of importance
-	8. Trade, profession, or particular	ormin.	were as tollows:
NOI	kind of work done, as SPINNER, Sour	much	Constant of the second
CCUPAT	9. Industry or business in which work was done, as SILK MILL,		Tibas Floris
COL	SAW MILL, BANK, etc		Then & lete to maligness
00	IO. Date deceased last worked at this occupation (month and	II. Total time (years) spent in this	malignant pelvie tumor & prifugary in
	year)	occupation	Other Contributary Causes of importance: sigmoid playure of colo
12.	(State or country)	d	
~	1.0 0.		Complete obstruction of bowels: 3 weeks.
FATHER	13. NAME Henry W	mough	Culy
FAI	14. BIRTHPLACE (city or town) (State or country)	<b>/</b>	Neme of operation
~	15. MAIDEN NAME ANIMA SA	· lana -	What test confirmed diagnosis? Was there an autopsy?
MOTHER		LI LI	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MO	16. BIRTHPLACE (city or town)	+sd	Accident, suicide, or homicide?
	1 P.	7/7 /s	Where did injury occur?  (Specify city or town, county and State)
17.	(Address)	with hil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	make Et.	Manner of injury
	Place met Christ Comoley De	ate Moly 9/ 1134	Nature of Injury
19	UNDERTAKER CATTERTE GOOD	110	24. Was disease or injury in any way related to occupation of deceased?
10.	(Address) Burnaury	mel	If so, specify
1	FILED Mile 8 1934 Myrs	- 4 - 8 Heller	(Signed) /evm /vol
20	FILE / / / - 1927 ///////		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	S. No.
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١,	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0716
1	7 0 1.	139
	County Seasons	Registration Dist. No.
	Village or City Mean Mul May	No. St,  [ death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth of residance in city or fown where death occurredyrs,mos	
2	2. FULL NAME Conarlollo Dubo	is Sarglant
	(a) Residence: No. 5/9 Calledan	L.St., Ward. Ballo md
ercom	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. 3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
7	OR DIVORCED (write the word)	July 17 1934
5a.	If merriad, widowad of divorced	(Month) (Oay) (Ye
	HUSBAND OF GENSEPH Sangeaut	22. I. HEREBY CERTIFY, That I attended decassed
	12 18110	1924 10 Pet 74 19
	DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS than	I last saw h. S. O. aliva on
6. 1	AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
=	8. Trada, profession, or particular	wara as follows:
NO.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	myocastlelis
PATION	9. Industry or business in which	
OCCU	work was dona, as SILK MILL, SAW MILL, BANK, etc	
ŏ	10. Oate dacasad last workad at this occupation (month and spent in this occupation occupation occupation	
-	Challa	Other Contributory Causes of Importance;
12.	BIRTHPLACE (city or town) (State or country)	alloschoor
ER	13. NAME Edmineral Dudraid	
ATHER	14. BIRTHPLACE (city or town) Ballo	Nama of operation
T	(State or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME Mary Chaffelle	23. If daath was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of injury
Σ	(State or country) Dr Qardyna	Whera did injury occur?
17.	INFORMANT Serville Chaffelle	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) 5/9 Calhedral St	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
18.	BURIAL, CREMATION, OR REMOVAL Ballo had	Manner of injury
-	Place filless f f annual Oate 19	Nature of injury
19.	UNDERTAKER A OPENY / KINKING POMOC	4. Was disaasa or injury in any way ralatad to occupation of decaased?
	(Address) M Chilly Applead II	If so, specify
20.	FILEO Justy 7, 1934 Or V Store Registrar.	(Signed)
_		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms, as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUMBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	441
Gallstones	May 1,1923	Gastroenteritis	1 year
			4115

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07163
1. PLACE OF DEATH	SERVINIONIE OI DENTINI
county Frederick.	Registration Dist. No. 139
Village or City Atate Sanatorum	No. McA. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME OLDER C. A.C. A.C.	How long in U.S. It of foraign birth?
(a) Residence: No. 2 1 9 S Company and S S SANA	I Ward. Balto. Md  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WHFE of ) Latherine Schafer	22. I HEREBY CERTIFY. That I attanded decesed from  22. Way 12 1934 to Way 14 1934
6. DATE OF BIRTH (month, day, and year) Lan 27, 1905	I last saw have aliva on MIN 14 1934; deeth is seid
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, a 2:15 Pm.
29 3- 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:
8. Trade, profession, or particuler kind of work dona, as SPINNER accountant	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	PITI
10. Deto decesed last worked at this occupetion (month and year)  year)	I umonary Just cutous
12. BIRTHPLACE (city or town) Baltimore md.	Other Contributory Causes of importence: Tuly cultous Pharyngutes
(Steta or country)  13. NAME Llonard Achafer	+ Tuberculors stomatitis.
14. BIRTHPLACE (city or town) Sitzmany (Stata or country)	Neme of operation
15. MAIDEN NAME anna Grauling	23. If daeth wes dua to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary and J	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT albert C. Schafer (Address) 2/95. Conferm St. Baltomd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bala M. Date MMRMown 19 3 4	Menner of Injury
19. UNDERTAKER M. L. Colagle Md.	24. Was diseese or Injury in eny wey releted to occupetion of deceased?
20. FILED 7/16/34, 19 Registrat.	(Signed) A court O. Shaffer. M. D.  (Address) State Sanatorum Md.
If more blanks are needed, address State Registrar	227 N. Charles Street Relimore Parastras 71 C. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		1	Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitie	ıl nephritis	1921	Run over by street ear .	1 week ago
Cerebral hemorrha	ige	July 5,1927	Peritonitis	3 days ago
Other contribut Gallstones	BUREAU VAR	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	CIETA	OD EUDTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 07164
1. PLACE OF DEATH	(23)
County Frederick	Registration Dist. No. 139
Village or City State Sanutoring	No
Length of residence In city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Preen Haven C.D. (Case (Unslightered sheets)	asteria Wagne armalle Co Maryland If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mooth)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Capril 2, 1934, to July 4, 1934
6. DATE OF BtRTH (month, day, and yeer) 10013, 1873 7. AGE Years Months Deys If LESS than	I last saw haim alive on July 3 , 1937; deetb is said to have occurred on the date stated above, at 3.30 P.m.
6 6 // lday,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, es SPINNER, Shore Reeper  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupetion (month end, 932 occupetion 10, 47	
12. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:
13. NAME Burge Seymour  14. BIRTHPLACE (city or town) (State or country)  Yew York	Name of operation  What test confirmed diagnosis?X—Ray Positive Was there an au'opsy?
15. MAIOEN NAME Wary Mc Carry  16. BIRTHPLACE (city or town)  (Stete or country) New York	23. If deeth was due to external causes (VIDL ENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT deceased on admission (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION ON REMOVALE My July 13, 1934 Place Dave 19 19 19 19 19 19 19 19 19 19 19 19 19	Manner of injury
19. UNDERTAKER M. J. Greager Md. (Address) Lurnouth Md	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED	(Signed) M. D.  (Address) State Sanatoning  2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the discase or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
BURCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	9 0 1
Gallstones	Moy 1,1923	Gostroenteritis	1 year

UPA	1. PLACE OF DEATH	171	55
of OCC	Village or City Frederick	Registration Dist. No. of No.	Ward
ment	Length of residence in city or town there death occurred mos	How long is U.S. if of foreign birth?	ds.
state	(a) Residence: No. 6 16 Male Male (Usual place of abode)	C_St.,Ward.  If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OB RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	ear)
classified	5a. If married identity, or divorced HUSBAND of (or) WHE of Boy.	22. I HEREBY CERTIFY, That attended decease	d from
	6. DATE OF BIRTH (month, day, and year) June 26, 1934	Mast saw your alive of a outher the 19 death	is said
properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at	
of	8. Trade, profession, or perticular kind of work done, as SPINNER, Sawyer BOOKKEPPER atc	Dates 7	fonset
may	9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
that it	10. Date deceased lest worked et this occupation (month end year)	Other Contributory Causes of Importance:	
so	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance;	
terms, instri	13. NAME Charles Cheets		
See i	13. NAME (Lity or town) (State or country)	Name of operation	~
-	15. MAIDEN NAME Remis Davall	23. If death was due to external causes (VIQLENCE) fill in also the following:	
EATH in p important.	16. BIRTHPLACE (city or town)	Accident, sericide, or homicide? weedend Dete of Injury 15 July, 19 Where did injury occur? mono Call River	24
AP	17. INFORMANT Charles Sheett, 1 (Address) 3/6 madelin of Frederick	(Specify city oylown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION, OR REMOVAL  Place of Charles of 17,1934	Manner of Injury Dronning  Nature of Injury	
CAUSE TION is	19. UNDERTAKER A MAN STATE	24. Was disease or Injury In any way related to occupation of deceased?	0
T	20. FILED 17- July, 1924 Josa J. Bricewill Registrar.	(Signed) Au - Drushprig (Address) Talabulus	LM. D.
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other Park Milks: Will C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	9		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(59)	_
County Trederich		Registration Dist. No. 3	٨
Village or City		No. St., f death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Sufan (a) Residence: No.	A Spencer		
	Javal place of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATISTICAL  3. SEX 4. COLOR OR RACE 5. SIN	GLE. MARRIED. WIDOWED.	21. DATE OF DEATH	
male Coloud OR	DIVORCED (write the word)	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended dec	eased fr
6. DATE OF BIRTH (month, dey, end year)	31-1934	0. 1.2 0/20/ 30	eath is s
7. AGE Years Months	Days II LESS than 1 dey,min.	to have occurred on the date stated above, M	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			ate of one
		Tremstone Birth	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			
10. Date deceesed last worked at	11. Total time (yeers)		
this occupation (month and year)	spant in this occupation		
12. BIRTHPLACE (city or town) Jus	caho a	Other Contributory Causes of Importance:	
(State or country)	and of		
13. NAME Benjamine / No	waren Obeneau		
		Name of operation Date of	
(State or country)	Kerreland.	What test confirmed diegnosis?	2
15. MAIDEN NAME Elizabeth	Leol	23. If death was due to external causes (VIOLENCE) fill In also the following:	DSy !
16. BIRTHPLACE (city or town)	T. C.	Accident, sulcide, or homicide? Date of Injury	10
(State or country)	original.	Whore did Injury occur?	., 13
17. INFORMANT B. A. Sp. (Address)	efreu	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18, BURIAL CREMATION, OR REMOVAL Place free Dete	Aug 13/34	Manner of Injury	
19. UNDERTAKER None.	0	24. Was disease or injury in any way related to occupation of deceased?	no
(Address)		If so, specify	
20, FILED Curp 1 1934 900	Fredukser	(Signed) turning by No Re	M.

7. S. No. 1

-WRITE PLAINLY, WITH mation should be carefully

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

stated EXACTLY.

supplied. AGE should be

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

of OCCUPA.

Exact statement

Thendrickson UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bulker V'S	ł.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
EVALUATION OF THE RESIDENCE OF THE RESID	•		

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA.

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1020)
County Treducte	Registration Dist. No. / 9 /
Village or City Thusville	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Theodere, M. Stauner	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oav)  (Yest)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Mary S. Starnere	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year use 4, 1858	Mast sawh and alive on Sulland BO 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, and a firm.
76 1 2-6 1 day, hrs	were as withous.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	19mmels minning Oate of onest
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked at  11. Total time (years)	
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town). Recurrence (State or country)	Other Contributory Causes of importance:
E O	No. of a city
4. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAMELINA MOREY KOONS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Uma Mary Koons 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
∑ (Stete or country)	Where did injury occur?
17. INFORMANT Ma. theo. W. stone	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Uman Bulge Kitt 3.  18. BURIAL, CREMATION, OR REMOVAL	
Place Danet Date Ong 2 1930	Manner of Injury
19. UNDERTAKER BOMAN Salva (Address) Janei Lana Till	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO CLUB / 1934 Water Aman	(Signed) An M. D.
Registrar.  If more blanks are needed, address State Revistrar	(Address) Anna Market M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EAT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY,

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Trederick This the Exercise	Registration Dist. No. / 3/
Village or City Tre desick	No. 1000 markel St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?
2. FULL NAME anytant	lar insmanica
(a) Residence: No. / b D & Market (Usual place of abode)	Lest., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR-RACE   S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
m What ORDIVORCED (write the word)	July 23 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yéar)
HOSBAND of (or) The of	22. I HEREBY CERTIFY, That I attanded dacassed from
221.2-1621	13,1934, to 7-23,1934
6. DATE OF BIRTH (month, day, and year) 23-July - 984	I last saw h_sa_ alive on; death is sald
The state of the s	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
O D D lay or hrs.	wera as follows:
8. Trada, profassion, or particular kind of work done, as PINNER, SAWYER, BOOKKESPER, atc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	I till bonne
yaar) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	
(State or country)	_
13. NAME TO THE TANK TO THE TENT OF THE TE	<b>7</b>
14. BIRTHPLACE (city or town)	Name of oparation
(Stete of country)	What test confirmed diagnosis? Was there an autopsy?
uil 15. MAIDEN NAME	23. If daeth was due to external ceuses (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) The dear of ma	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT & ANNUAL T. SLAVE	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass)  18, BUMAL CREMATION, OP REMOVAL	
My Clevel Comeby Date Whom 1934	Manner of injury
08/11/50000	matura or injury
19. UNDERTAKER GALLAGE MACK.	24. Was disease or Injury In any way related to occupation of deceased?
	If so, specify (Signed)  (Signed)  M.D.
20. FILED 20 - fully , 19 24 Of our Millians	(Signed) M.D.
#	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

Gallstones

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

1 year

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

Gastroenteritis

May 1.1923

B.—WRITE PLAINLY,

ż

)
Y

# STATE OF MARYLAND-CERTIFICATE OF DEATH

63	ر من	9	6	13
U	1	1	U	9
		_		-

1. PLACE OF DEATH				162
County Freder				Registration Dist. No. 137
Village or City Wa.	TKersAllle		(lf	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city	or town where death	occurred 82		ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME (a) Residence: No.	lara l	Certification (Usual place of	ariale abode	St., Ward.  If nonresident give city or town and State
PERSONAL AND	STATISTICA			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR Whit			IFD, WIDOWED, (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of	ed			22.   I HEREBY CERTIFY, That I attended deceased from 1925
6. DATE OF BIRTH (month, day, a	ind year) .Tr	ilv 4.18	<b>63</b>	last saw h & alive on: July 6 1934; death is sa
7. AGE Years	Months	Days 29	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, of
8 Trade profession or parti	SPINNER, R, etc.	omestic		No well-defined cause of seather
kind of work dona, as SAWYER, BOOKKEEPE SAWYER, BOOKKEEPE Work was done, as SIL SAW MILL, BANK, etc 10. Oate deceased last worke this occuration (month)	which K MILL, A	t Nome		General failure of functions of all her organs.
10. Oate deceased last worke this occupation (month year)	d at n and 12/32	11. Total tim spent occup	in this 55	Curker
12. BIRTHPLACE (city or town) (State or country)	Waryla	nd	••••	Other Coutributory Causes of importance:
13. NAME Simon W	. Stauffer	•		
13. NAME Simon W				Nama of oparation Date of
(State of country)	Maryland			What test confirmed diagnosis? Was there an au'opsy?
<b></b>	n Rebecca	Cramer		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Stata or country	Maryla	nd		Where did injury occur?
17. INFORMANT MISS. (Address) Walker		Stauff	er	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM Place Mt. Olive	MOVAL		/34	Manner of injury
	chison & S			24. Was disease or injury in any way related to occupation of deceased?
20. Fileonly 5 , 19	4 RM	della	10/	(Signed) to him I by gettly me M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - 1 \	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
CALLACTURE ALL ASSESSMENT	i i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

sta UPA	1. PLACE OF DEATH	23
CCH	County Frederick	Registration Dist. No. 139
should of OCC	Village or City State Sanaform	freederick to Marystand War
- 0		death occurred in a hospital or institution, give its NAME instead of affect and number)  8. ds. How long in U.S. if of foreign birth?
IANS ment	2. FULL NAME More Dean Pyes	ward Baltimore County
COKD. Every PHYSICIANS oct statement	(a) Residence: No. 239 Boltonia Co	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
- ×	Filmale white married (write the word)	(Month) (Day) (Yaar)
X A C T I	5a. If married, widowed, or divorced HUSBAND of	
A C assi	(Or) WIFE OF Samuel Stewart	22. I HEREBY CERTIFY. Thet I attended decessed from
	6. DATE OF BIRTH (month, day, and year) Per 11. 1885	I test saw h - CZ alive on Quely 5 1934 death is said
	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 3.30 A.m.
stated properlica	48 8 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
^	8 Trade profession or particular	Pulmonary Tuberculosis Date of onset
	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which	
should it may n back	9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	
s ti s	10. Date deceased last worked at this occupation (month and spent in this	
AGE that ions	year)	Other Cantribatory Causes of Importance:
nrading pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	
ied.	(State or country) Seat land	
	13. NAME James Forrest	
y sulain t	14. BIRTHPLACE (city or town)	Name of operation. Date of Southern Southern
1 2 2	(State of County)	What test confirmed diegnosis? A -   Was there an au opsy?
r, will carefully H in pla ortant.	15. MAIDEN NAME LINE 16. BIRTHPLACE (city or town)	23. If death was duo to external causes (VIOL ENCE) fill in also the following:
call Call	O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
dalnur, wi d be careful DEATH in p y important.	17. Informant deceased on admission	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address)	
E S E	18. BURIAL, CREMATION, OR REMOVAL Place	Manner of Injury
-WKITE mation s CAUSE TION is	· O O	Nature of injury
mation CAUSI TION	19. UNDERTAKER W. L. Creages	24. Was disease or injury In any way related to occupation of deceased?
2	(Address), Thurmout Md	if so, specify
i(T)	20. FILED 1/6 , 1934, M. +. Cullen	(Signed) Jank Co May M.
	Registrar.	(Address) Tall Sandfilm

7. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Q	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
18 8 6			
Other contributory causes of importance:	A. C.	Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year
			<u> </u>

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should it may certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

TION is very important.

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

18. BURIAL,

(State or country

CREMATION, OR REMOVAL

OCCUPA-

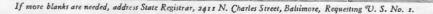
Jo

Exact statement

item of infor-

-WRITE PLAINLY,

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	7171
1. PLACE	DEATH ,		107.0	100
County	rederick		Registration Dist. No. 13	8
Village or Cit	201 700	n let	No. St	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		death occurred in a hospital or institution, give its NAME instead of street and	
Length of resid	dence in city or town where d	leath occurredyrs	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAM	ME HIAR	saline sue	<u>الم</u>	2017
(a) Residenc	e: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town ar	nd State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Tu State
J. SEX Temale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH uly 30 (Month) (Day)	., 193 <del>(</del>
5a. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced Sing	gle	22. July HEREBY CERTIFY, That I attended to July 30	, 13.2.7
6. DATE OF BIRTH (I		Sout Know 864	I led saw has alive on July 30 th, 1939	; death is said
7. AGE Years	rs Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at /2:45-6, m.	T note !
about 1	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profess kind of we SAWYER,	sion, or particular fork done, as SPINNER, BOOKKEEPER, etc.	come work	Ucile my o car vile	1 month
work was	done, as SILK MILL, L, BANK, etc		Broncho ; kneumonia	9 days
10. Date daceased this occupation year)	d last worked at pation (month and	11. Total time (years) spant in this occupation		Joe
12. BfRTHPLACE (city	, , ,	gland.	Other Coutributory Causes of Importanca:	
(State or count	TY CH	- 81		
13. NAME 14. BIRTHPLACE (State or and all all all all all all all all all al	amuno	1 our		
14. BIRTHPLACE ( (State or c		cryland.	Name of operation Date of What test confirmed diagnosis?	WA
15. MAIDEN NAM	One	Barber.	23. If daath was dua to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE (		ryland'	Accident, suicide, or homicida? Date of Injury	, 19



Registrar

Manner of Injury

(Signed)

(Address)

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCC County Frederick pluods Registration Dist. No. 131 Frederick Village pr City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred\_se How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement 2. FULL NAME Edith Mathias (a) Residence: No. College Ave. RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Female. White TL classified 5a. If married, widewed, or divorced HUSBAND of That I attended deceesed from (or) WIFE of N 6. DATE OF BIRTH (month, dev. and year) Nov. certificate properly 7. AGE Yeers Months Days If LESS than stated 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance 52 27 or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Instructor Jo SAWYER, BOOKKEEPER, etc ... Dep. Vocational Edumay back 9. Industry or business in which plnous work was done, es SILK MILL, cation U.S. Government 10. Date deceased last worked at on 11. Totel time (years) this occupation (month and spent in this that occupation .... instructions FADING Other Contributory Causes of importance: Maryland 12. BIRTHPLACE (city or town). (State or country) supplied. plain terms, C. Mewton Thomas FATHER 13. NAME Maryland See 14. BIRTHPLACE (city or town Neme of operation (State or country) carefully Whet test confirmed die MOTHER Sue L. Mathias important. 15. MAIDEN NAME 23. If death wes due to external ceuses (VIOL ENCE) fill In elso the following: u Maryland Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of Injury 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?. should be (Specify city or town, county and State) Miss. Grace Thomas. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT very Frederick. Md. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Plece Mt. Olivet Cem. Fredbate July 14, 19 34 mation CAUSI Neture of injury. LION M. R. Etchison & Son 24. Wes disease or injury in eny way retated to occupation of deceased 19. UNDERTAKER - Frederick Md. (Address) If so, specify \_ 2 20, FILED / 3-Mile, 19340 Registrar. If more planks are needed, address State Rosstrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

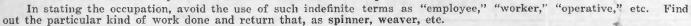
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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BI	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 07173
1. PLACE OF DEATH	
County + 12 VILL WITHIN CORPO	Registration Dist. No. /3 /
Village or City 7 Audrick	ND. 516 1V. Blanta St., Ward death occurred in a horpital or institution, give its NAME instead Street and number)
Length of residence in city or town where death occurred	
2. FULL NAME GLIME A.	Place de la como
THE REPORT OF THE	J. Kannada and M.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) 30 -, 193 Y  (Year)
5a. If married, widowed, or divorced Museum of (40) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
hukeum	July 19 197 4 10 July 30, 19 3 4
6. DATE OF BIRTH (month, dey, end year) 3 - 4- 1984	I last saw h As elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
50 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	They Onlymone a 1932.
9. Industry or business in which work was done, as SILK MILL.	10 7-
SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and spent in this occupation occupation)	
12. BIRTHPLACE (city or town) 7 + Cdfiell (64-mt) (State or country) 7 + Cdfiell (64-mt)	Other Coutributory Causes of importance:
13, NAME CLANS O WARRANCE	
E CONTRACTOR	
14. BIRTHPLACE (cit) town) (Stete or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
E 13. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date Date 1934	Nature of injury
19. UNDERTAKER albut. V. Alifon (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 1-any 1924 Tooa forcery	(Signed) William Sett Sim M. D.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALC: 10 10 0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
* 1/2			

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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# MANENT RECORD. Every item of infor-ACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

assified.

MARGIN RESERVED FOR BINDING

V. S. No. 1

	00		U	
	N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E X	CAUSE OF DEATH in plain terms, so that it may be properly cl	TION is very important. See instructions on back of certificate.
	IS	state	prop	certif
	HIS	he	pe	Jo
	X-TI	plnor	may	back
	Z	[7]	t it	on
	DN	AGI	tha	ons
	D	-	, 50	uct
	NFA	pplie	erms	instr
	2	su	in t	See
	WITH	fully	n pla	nt.
	Y,	are	H	rta
)	IN	be o	EAT	impo
	LA	pln	F D	ery
	E I	sho	0.2	A S
	RIT	tion	USI	NO
	M	ma	C.A	TI
	m	1	7	1
	ż	1	1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A)
County Frederick	Registration Dist. No. 144
Village or City Alasers low	St., Ward
Length of residence in city of town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. Hip long in U.S. if of foreign birth?
2. FULL NAME Thomas Collen	In lenting
(a) Residence: No. Alago Cor	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, 9R DIVORCED (write the word)  MANUEL	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed er-divolced HUSBAND of	
(or) WIFE of Clarence of Talente	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Paril. 18-1879	I last saw has alive on July 6 1934 : deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _/- P_J_m.
55 2 / 8 or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z 8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER.	Carcinoma 7 literus 2 418
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	1
SAW MILL, BANK, etc	V
o this occupation (month end fel - 3.4 spant In this year)	
12. BIRTHPLACE (city or town) Plan Thurmon	Other Contributory Causes of Importance:
(State or country)	
E 13. NAME Camul Grotest	
14. BIRTHPLACE (city or town) truderick (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Mieroseofices there an eu'opsy? 200
15. MAIDEN NAME Stratth Collyflyn  16. BIRTHPLACE (city or town) Trederich Co	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) trederick (C)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colonia	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVED 10/11/11	
Place A Chan Mills Date July 8, 1934	Manner of injury
19. UNDERTAKER MA COLLEGE COLL	Nature of injury
Of A million	(Signed) (Signed) M.D.
20. FILED July 8 , 19 Suna M. Jones Registrar.	(Address) Woods & Card Mill
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephrilis ( L	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 N.S. I				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement.

properly classified.

pe

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be

N. B.—WRITE PLAINLY, WITH

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

)	17	1	-	y des	
7	6	1	6	5	
		1		1)	

I. PLACE OF DEATH		(42.6)	14
County Frederick		Registration Dist. No. 14	5
Village or City Man. Moun	1 airy	No.	Ward
Length of residence In city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and the death of the death of the death of the death of the death occurred in the death occurred	
1.0	111 110 -		mosds.
2. FULL NAME John	1 W. Wagi	$uu_{1}$ .	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town as	10.
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	id Diate
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	•
	OR DIVORCED (write the ford)	July 24 (Month) (Day)	, 1934 (Yaar)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attende	
(or) WIFE of Nettile W. C	Vagner.	February 19 34 to July 24,	1934
6. DATE OF BIRTH (month, day, and year)	t. 129, 1871	I last saw h im aliva on July 24, p., 19 3	
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 6:10 m.	,
62 8	2.5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
8 Trade profession or particular		were as follows:	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this pecunation (month and	ed tarmer.	Paralysis Agitans	1928
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Myocarditis	1933
SAW MILL, BANK, etc	11 Tatal time (varia)		
this occupation (month and	11. Total time (years) spent in this occupation		4
Vo a	Oc: a pation	Other Contributory Causes of importance: Severe Secondary Aenemia	7074
(State or country)	cana,	Severe Secondary Aenemia	1934
1 444	Ara auen		
100.00	la de	" none	
(State or country)	iama	Name or operation Data of.	
7	ados	What test confirmed diagnosis? Was there are	
20000	edice.	23. If daath was due to external causas (VIOLENCE) fill in also the followi	
16. BIRTHPLACE (city or town) VLLOUV (Stata or country)	grana	Accident, suicide, or homicida? Data of injury	, 19
matte 111/11/0	04113	Where did injury occur? (Specify city or town, county and St	ate)
(Address)	air md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	and ma	Manner of injury	
Um Proof alivet Freders	be 7-27-1934	Nature of injury	
19. UNDERTAKER WE Falcor	ur,	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) New Man	ket md.	(Signed) J. Stauley Grabill	
20. FILED July 26, 1934 Wieh	Registrar.	(Signed) Wanty Frabell (Address) Mt. Airy, Md.	M. D.
If more blane	ks are needed, address State Registrar,	2411 N. Charles Street, Balcimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHEI	STATEMENTS	BY	PHYSICIAN
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L PROFILE V. S. /			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Bosistrar, 2411 N. Charles Street, Balymore, Requesting O. S. No. 1.

BINDING

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago	
AGG 6 3934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

How replies to

should be stated EXACTLY. BINDING

Cou	PLACE OF DEATH	
VIIIa	Age or City Blue Ridge Summer ha,  Brederick 60 Md.  2 FULL NAME Cornelia Fabrian	
	PERSONAL AND STATISTICAL PARTICULARS	
3 SE	male white Single, widowed with the word)	16
8 DA	ATE OF BIRTH	
7 AC	Month) (Day) , 1 (Year)  (Month) (Day) , 1 (Year)  (Month) (Day) , 1 (Year)  (Month) (Day) , 1 (Year)  (Year)	th a
pa > (b bu	CCUPATION a) Trade, profession, or principles kind of work b) General nature of industry siness, or establishment in hick employed (or employer)	•••
9 B	(State or country) Chicago Ill	
	10 NAME OF FATHER Robert & Fabrian	(\$
ENTS	11 BIRTHPLACE OF FATHER (State or country) Cugland.	0
BAR	of Mother mily Johnston.	18
	13 BIRTHPLACE OF MOTHER (State or country) Orgland	A
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) My Comily Fall.	H F 0
	(Address) Hashington Kl. C.	19
15	Julius St Son to Stand	20

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St: Ward)	[If dosth occurred to a hospital or institution, give ite HAME instead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH July 14,	(Day) (Year)
1 HEREBY CERTIFY. That I gette	anded deceased from
that I last saw h 22 alive on July	14 , 1913
and that death occurred on the date sta	ted above, at 2. 74 m.
The CAUSE OF DEATH * was as follow	
Brosch p	neumonia
Contributory Atty ocardist	Tre mos 19 do
(Signed) A. Branch Sur	171 moi 72 11
*State the Disease Causing Death, or, i CAUSES, state (1) MEANS OF INJURY; snd (2 SUICIDAL OF HOMICIDAL	n deaths from Violent ) whether Accidental,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IT OR RECENT RESIDENTS) At place is the of death	NSTITUTIONS, TRANSIENTE,
Former or weshing ton	De.
1	DATE OF BURIAL
Levis Bashara Calf.	ADDRESS.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer of the second statement. mobile Jactory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, very important, so that the relative healthfulvarious pursuits can be known. The question If the occupation has been changed Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return If retired from "Laborer,"

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATE (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified. is indefinite); Tuberculosis of lungs, meninunce cause of the control of the contro

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic Struck by railway train—accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important eough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Measles; Wheoping The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerferal septichuemia," "Dropsy," State cause for which Never report mere "Atrophy," acid-probably "Exbaustion," person ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEAT

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

death is said

Date of onset

(Day)

Date of injury ....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	mi	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ogo
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance: